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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

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OPERATOR	<input checked="" type="checkbox"/>
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OIL CONSERVATION DIVISION
 P. O. BOX 2088
 SANTA FE, NEW MEXICO 87501

Form C-104
 Revised 10-01-78
 Format 06-01-83
 Page 1

REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator
Hondo Oil & Gas Company

Address
P. O. Box 2208; Roswell, New Mexico 88201

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	Change in Operator name Effective March 1, 1987
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinhead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner
ARCO Oil and Gas Company - Division of Atlantic Richfield Company
P. O. Box 1610, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>H. E. West B</u>	Well No. <u>11</u>	Pool Name, including Formation <u>Grayburg Jackson-7R.Q.G.S.A.</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>LC 029426R</u>
Location Unit Letter <u>K</u> : <u>1980</u> Feet From The <u>South</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>4</u> Township <u>17S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>NONE - WIW</u>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinhead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? when

If this production is commingled with that from any other lease or pool, give commingling order number: _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Joyce Newman
 (Signature) **PROD SEC**
022787 (Title)
 _____ (Date)

OIL CONSERVATION DIVISION
MAR 16 1987

APPROVED _____, 19____

BY _____ Original Signed By
Les A. Clements
 Supervisor District II

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportes or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.