

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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) Change in Operator name Effective March 1, 1987
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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 State T	Well No. 5	Pool Name, including Formation Denton Wolfcamp	Kind of Lease State, Federal or Fee State	Lease No. B 9774
Location Unit Letter K : 2115 Feet From The South Line and 2046 Feet From The West Line of Section 2 Township 15S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Corp/Attn: Oil Acctg Section	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2648, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Tipperary Resources Corporation	Address (Give address to which approved copy of this form is to be sent) 211 N. Calaveras P.O. Box 3179, Midland, Texas 79702
If well produces oil or liquids, give location of tanks. Unit M, Sec. 2, Twp. 15S, Rge. 37E	Is gas actually connected? when Yes 2-6-54

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.

*[Signature]*  
(Signature)  
PROD SEC  
(Title)  
2/27/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 1 1987, 19  
BY  
ORIGINAL SIGNED BY JERRY SEXTON  
TITLE DISTRICT SUPERVISOR

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 transporter or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.