

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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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT	
SANTA FE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROPERTY ADDRESS	

Operator
Hondo Oil & Gas Company

Address
P. O. Box 2209, Roswell, New Mexico 88201

Reasons for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please Specify)
☐ No completion	☐ Oil	Change in Operator name
☐ Change in Ownership	☐ Gas	Effective March 1, 1987
	☐ Dry Gas	
	☐ Gas	

If change of ownership given, 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

Well Name <u>WATER SWDS</u>	Well No./Pool Name, including Formation <u>2</u>	Kind of Lease <u>State, Federal or Free</u>	Lease No. <u>Fee</u>
Unit Location <u>I</u>	<u>2310</u>	Feet From The <u>South</u>	Line and <u>330</u>
		Feet From The <u>East</u>	
Line of Section <u>10</u>	Township <u>15S</u>	Range <u>27E</u>	County <u>Lincoln</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <u>NONE</u>	Name of Authorized Transporter of Gas <u>NONE</u>	Address (Give address to which approved copy of this form is to be sent)
Unit	Sec.	Twp.
Range	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.

(Signature)

JOHN SEC

(Title)

(Date)

OIL CONSERVATION DIVISION

MAR 11 1987

APPROVED BY _____, IS _____

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I SUPERVISOR

This form is to be filed in compliance with RULE 1104.

If this is a request for allowance 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 new and re-completed wells.

Fill out only Sections I, II, IV, 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.

RECEIVED
MAR 9 1987
OCD
HOBBS OFFICE