

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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

Operator Hondo Drilling Company	
Address P. O. Drawer 2516, Midland, Texas 79702-2516	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Sabine Corporation, P. O. Box 3083, Midland, Texas 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bell 17 State	Well No. 1	Pool Name, including Formation North Sanmal-Penn	Kind of Lease State, Federal or Fee	State	Lease No. K-5186-5
Location Unit Letter <u>G</u> : <u>1,980</u> Feet From The <u>North</u> Line and <u>1,980</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>16-S</u> Range <u>33-E</u> , NMPM, <u>Lea</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

SCURLOCK PERMIAN CORP EFF 9-1-91


Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1183, Houston, Texas 77251-1183
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 5050, Bartlesville, Oklahoma 74004
If well produces oil or liquids, give location of tanks.	Unit <u>G</u> Sec. <u>17</u> Twp. <u>16-S</u> Rge. <u>33-E</u> Is gas actually connected? <u>yes</u> When <u>11-21-75</u>

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)
N. W. Outlaw President
(Title)
November 12, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 14 1986, 19_____
BY ORIGINAL SIGNED BY JERRY TAYLOR
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.