

OIL CONSERVATION DIVISION

P. O. BOX 2038  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATION	
PRODUCTION OFFICE	

I. Operator  
ARCO Oil and Gas Company  
Address  
P. O. Box 1610, Midland, Texas 79702  
Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership  
Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
Other (Please explain)  
Change in Operator Name Effective March 1, 1987 (NOTE: THIS WELL WAS TRANSFERRED IN ERROR TO HONDO O & G CO. WITH A DATE SHOWN OF MARCH 1, 1987)  
If change of ownership give name and address of previous owner  
Hondo Oil & Gas Company, P. O. Box 2208, Roswell, NM 88202

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hondo "B" State</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Scharb Bone Springs</u>	Kind of Lease <u>State, Federal or Fee State</u>	Lease No. <u>K-2729</u>
Location Unit Letter <u>0</u> : <u>560</u> Feet From The <u>South</u> Line and <u>1880</u> Feet From The <u>East</u> Line of Section <u>6</u> Township <u>19S</u> Range <u>35E</u> , NMPM, Lea 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>SHUT IN</u>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	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.

Clayton A. Casbar  
(Signature)  
Operation Analyst  
(Title)  
4-11-88  
(Date)

OIL CONSERVATION DIVISION

APPROVED APR 14 1988, 19  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR  
TITLE \_\_\_\_\_

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.