

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2008  
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

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SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

I. Operator  
HONDO OIL & GAS COMPANY

Address  
Post Office Box 2208, Roswell, New Mexico 88202-2208

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	<input checked="" type="checkbox"/> Change in Transporter oil	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mescalero Ridge Unit 35	Well No. 14	Pool Name, including formation Pearl queen	Kind of Lease State, Federal or Fee Fed NM-7465B	Lease No.
Location Unit Letter <u>D</u> : <u>660</u> Feet From The <u>North</u> Line and <u>990</u> Feet From The <u>West</u>				
Line of Section <u>35</u> Township <u>19S</u> Range <u>34E</u> , 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"/> Koch Oil Company	Address (Give address to which approved copy of this form is to be sent) Post Office Box 1558, Breckenridge, TX 76024
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit <u>D</u> Sec. <u>35</u> Twp. <u>19S</u> Rge. <u>34E</u>	Is gas actually connected? <u>Yes</u> 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.

Patricia Moore  
(Signature)  
Production Secretary  
(Title)  
December 28, 1987  
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 7 1988, 19 \_\_\_\_\_  
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 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 multiple completed wells.

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