## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

**. ** ***** ***			
DISTAIRUTION			
SANTAFE			-
FILE			
V.1.u.4.			
LAND OFFICE			
THAMPPORTER	OIL		
	0 . 4		
UPERATUR			
PROBATION OFFICE			

Operator

## 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

Hondo Oil and Gas Company				· · · · · · · · · · · · · · · · · · ·			<del></del>	
Address	n 1 1	Nan Manda	- 01	2221				
105 West 3rd, Suite 415,	Roswell	L, New Mexico	0 88	3201	100			
Reason(s) for liling (Check proper box)				Other (Please explain)				
New Well	Change in Transporter of:							
Recompletion	X ou		=	Effective March 1, 1987				
Change in Ownership	Cost	inghead Gam	c <sub>°</sub>	ndensale				<del></del>
If change of ownership give name and address of previous owner				<del></del>				
II. DESCRIPTION OF WELL AND H	EASE							
Leuse Name	Well No.	Pool Hane, Includ	ding fe	tuation		Kind of Leuse		Lease No.
Mescalero Ridge Unit	22	Quail Ridge	е Вог	ne Spri	.ngs	State, Federal or	Fed.	NM 02391
Location	•							
Unit Letter C : 660	Feel Fra	om The North	Line	and 1	980	Feet From The	West	
time of Section 21 Townshi	p 19	S Hang	• 34	1E	, импи	. Lea		County
None of Anthorized Transporter of Off Koch Oil Company  Hand of Authorized Transporter of Coennys  Phillips 66 Natural Gas C  If well produces oil or liquids,  give location of tanks.	or Cooks ompany	Ondensate (**)  O of Dry Gos (**)  GPM Gas Corpo	oration	P. C Address 4001	Box 155	8, Breckenr which opposed to which opposed tary 1, 1992 t, Odessa, T	idge, TX 7	6024
If this production is commingled with th	ut from A	ny other lease or	pool,	give com	ningling orde	r numberi		
NOTE: Complete Parts IV and V on	reverse :	side if necessary.					<del></del>	
NOTE: Complete Parts IV and V on reverse side if necessary.  VI. CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION				
I hereby certify that the rules and tegulations 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.			APPR		MARI	<del>:: 1997</del>		
•			TITLE DISTRICT L SUPERVISOR					
0 - 4 111				T	nis form is to	be filled in con	plience with my	JLE 1104.
Production Cle				well, t	hla form mus		d by a tabulatio	rilled or decpense in of the devisors: 111.
(Inte)	TV							npletely for allow-
March 27, 1987			able on new and recompleted walls.  Fill out only Sections 1, II, III, and VI for changes of Swiner.  well mame or number, or transporter, or other such change of condition					
			Softernie Forms C-104 must be filled for each pool in multiply completed wells.					

MAR OCOGNICE