STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Form C-104 Revised 10-01-78 Format 06-01-83

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SANTA FE, NEW MEXICO 87501				
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TRAMSPORTER				
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AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS			
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Mesa Operating Limited Partnership	IUI E ~			
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Address	UU EEBIY			
P.O. Box 2009, Amarillo, Texas 79189	LE DIA.			
Reason(s) for filing (Check proper box)	Other (Please explain) OIL COM DIST. 3			
New Well Change in Transporter of:	OIL SIST. 3			
	y Gos			
Change in Ownership Casingheat Gas C	endensete			
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189				
II. DESCRIPTION OF WELL AND LEASE				
Legge Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.			
	State. Federal or Fee Federal NOO-C-14-			
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Location	20-5607			
Unit Letter H : 330 Feet From The east Lin	e and 1650 Feet From The north			
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Line of Section 8 Township 23N Range	7W , NMPM, Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	L GAS			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil XXX or Condensate	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Ctl XXX or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001			
Permian Corporation Permian (Eff. 9 / 1 /87)	P.O. Box 1183/Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)			
Permian Corporation Permian (Eff. 9 / 1 /87) Name of Authorized Transporter of Casinghead Gat(XX) or Dry Gas	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of CIIXXX or Condensate Permian Corporation Permian (Eff. 9 / 1 /87) Name of Authorized Transporter of Casinghead Gat(XXX) or Dry Gas Mesa Operating Limited Partnership	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001 Address (Give address to which approved copy of this form is to be sent) P.O. Box 2009/Amarillo, Texas 79189			
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XC: NMOCD-(0+4), WF, CR, Reg.