## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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V.8.G.A.			
LAMB OFFICE			_
TRANSPORTER	OIL		
	-		
OPERATOR.			
PROBATION 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
ALITHOPIZATION TO TRANSPORT OIL AND MATURAL CAS

I. AUTHORIZATION TO TRANS	SPORT OIL AND NATURAL GAS			
Mesa Operating Limited Partnership	.006			
P.O. Box 2009, Amarillo, Texas 79189	La FELL MARINE			
	Other (Please explain) Ory Gas Condensate			
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189				
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including F  South Blanco Federal 30   1   Lybrook-Gal  Location	lup Ext. State. Federal or Fee Federal NM33003			
Unit Letter M : 460 Feet From The SOUTH List Line of Section 30 Township 24N Range	7W , NMPM, Rio Arriba County			
DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Name of Authorized Transporter of Oil XXX   or Condensate				
Mesa Operating Limited Partnership  If well produces oil or liquids, que location of tanks.  M 30 24 7	Is gas actually connected?   When Yes   10/10/81			
If this production is commingled with that from any other lease or pool,  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	OIL CONSERVATION DIVISION  APPROVED  FEB 19,1986			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	TITLE SUPERVISOR DISTRICT #8			
Carolyn L. Cummings, Regulatory Clerk  February 14, 1986	This form is to be filed in compliance with RULE 1104.  If this is a request for silowable 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.			
(Date)	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.			

XC: NMOCD-(0+4), WF, CR, Reg.