STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTI	0ee		
SANTA PE	Ī	Г	
FILE			
U.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	846		
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

Separate Forms C-104 must be filed for each pool in multiply completed wells.

U.S.G.S.	SAN	NTA FE, NE	W MEXICO 8750	1	
TRANSPORTER GIL		DEMIEST SO	0 41 1 0W401 E		
OPERATOR		KEQUEST FO	K ALLUWABLE		
PROBATION OFFICE	AUTHORIZAT	ION TO TRANS	PORT OIL AND NAT	URAL GAS	En Branch
I.				101 6	1086
Mesa Operating Limi	ited Partne	ership		Mi FEB	19/3-1
P.O. Box 2009, Amar	rillo, Texa	as 79189		URAL GASON IS TO THE BOOK OIL C	24.3
Control of the state of the sta			Other /Plea	se expiain)	V
New World	Change in Trans			•	
Recompletion	H ⁰¹¹		ry Gas		
Change in Ownership	Casinghood	c	ondens at e	·	
If change of ownership give name Mesa and address of previous owner Mesa		n Co., P.O.	Box 2009, Am	arillo, Texas 7918	9
II. DESCRIPTION OF WELL AND LE		Name, including F	ormation	Kind of Lease	Legae No.
South Blanco Navajo 31	2 L	ybrook-Gall	up	State, Federal or Fee Fed	
Location					20-8451
Unit Letter E : 1660	_Feet From The	north Lin	• and940	Feet From The Wes	
Line of Section 31 Township	p 24N	Range	7W , NMF	M. Rio Arriba	County
III. DESIGNATION OF TRANSPORT	TER OF OIL A	ND NATURAL	. GAS		
Name of Authorized Transporter of QUAXX Permian Corporation Page		_	P O Box 118	3/Houston, Texas	is form is to be sent) 77001
Name of Authorized Transporter of Casinghe	mian (Eff. 9 / 1	781)	!		
Mesa Operating Limited P	artnership	<u> </u>	}	9/Amarillo, Texas	79189
If well produces oil or liquids, Unit	•	Twp. Rge.	is que octually connec	•	10:
give location of tanks.	E ; 31 ;	24	Yes	! 107	20/81
If this production is comminged with the NOTE: Complete Parts IV and V on	·	•	1)		
VI. CERTIFICATE OF COMPLIANCE	,		OIL	CONSERVATION DIVIS	NOI
I hereby certify that the rules and regulations of			APPROVED		B 1/9-1006
been complied with and that the information give my knowledge and belief.	en is true and comp	plete to the best of		5.17	4 1300
			BY	Himpour	James who
(1000)	()	,	TITLE		sor district
alden of Junines			This form is to be filed in compliance with RULE 1104.		
Carolyn L. Cummings, Regul		0	well, this form mu	quest for allowable for a se at be accompanied by a tab well in accordance with a	ulation of the deviation
Cities All sections				f this form must be filled or scompleted wells.	
(Date)			Fill out only well name or number	Sections I. II. III. and VI or, or transporter, or other su	for changes of owner, ich change of condition.

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