## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

DISTRIBUTION			
SANTA PE			
PILE			
V.3.0.4.			
LAMO OFFICE			
TRANSPORTER	01L		
	446		
OPERATOR			
PROPATION ASSIST			$\overline{}$

## OIL CONSERVATION DIVISION P. O. BOX 2088

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

Mesa Operating Limit  Address  P.O. Box 2009, Amar  Ressen(s) for filing (Check proper box)	<b>AUTHORIZA</b> ted Partr	REQUEST FO A TION TO TRANS nership (as 79189	R ALLOWABLE ND PORT OIL AND NATU	My F	EB 19 198	E NO		
Recompletion  Change in Ownership	Otil Castnehee	± Ges	ry Gas ondensate					
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189  II. DESCRIPTION OF WELL AND LEASE								
Locae Name		Name, Including F	ormation	Kind of Lease		Lease No.		
South Blanco Navajo 25	3	Lybrook G	allup	State, Federal or Fee	<u>Federal</u>	4		
Unit Letter J : 1710  Line of Section 25 Township	Feet From The		Ne and 1900		east	20-8452 County		
III. DESIGNATION OF TRANSPORT	or Conden	secte 🗀	Address (Give address t	o which approved copy /Houston, Texa		be sent)		
Name of Authorized Transporter of Casinghea		or Dry Gas	Address (Give address to P.O. Box 2009	· ·		) be sens)		
Mesa Operating Limited Pa	rtnershi		<u> </u>					
If well produces oil or liquids, qive location of tanks.	<b>Sec.</b>   25	24 8	Yes	•	0/19/81			
If this production is commingled with that NOTE: Complete Parts IV and V on the VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the top the complied with and that the information given	reverse side i the Oil Conserv	f necessary.	OIL C	ONSERVATION D	IVISION EB 191	986		
my knowledge and belief.		•	87	SUP	EDVICED DICTOR	T 20 9 ()		
This .			SUPERVISOR DISTRICT # 5 U					
Carolyn L Cummings, Regulatory Clerk  If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviation that the staken on the well in accordance with RULE 111.					the deviation			
February 14, 1986  All sections of this form must be filled out completely for a sale on new and recompleted wells.								
(Date)			Fill out only 3 well name or number	ections I, II. III, an , or transporter or oth	d VI for change or such change	gos of owner, of condition.		
			Separate Forms completed wells.	C-104 must be file	d for each po	el in multiply		

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