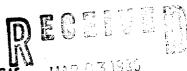
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE		Γ	
PILE			
V.S.G.A.			
LAMO OFFICE			
TRANSPORTER	01L		
	GAS		
OPERATOR			
PRODATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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



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

OPERATION OFFICE AUTHORIZATION TO TRANSPIL.	ID 4 10 20 20 20 20 20 20 20 20 20 20 20 20 20	\$.00m
Mesa Operating Limited Partnership	OIL CONTRACTOR	7
P.O. Box 2009, Amarillo, Texas 79189		
	Other (Please explain) Gas Indensate	
If change of ownership give name Mesa Petroleum Co., P.O. and address of previous owner Mesa Petroleum Co., P.O.	Box 2009, Amarillo, Texas 79189	
Buttram 2 Blanco Picture		Lease No.
Unit Letter E: 1960 Feet From The South Line	and 600 Feet From The east	· · · · · · · · · · · · · · · · · · ·
Line of Section 19 Township 26N Range	6W , NMPM, Rio Arriba	County
Name of Authorized Transporter of Casinghead Gas or Dry Gas At El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to Address (Give address to which approved copy of this form is to P.O. Box 1492, El Paso, Texas	
If well produces oil or liquids, que lecation of tenks.	Is gas actually connected? When Yes	
If this production is commingled with that from any other lease or pool, give commingling order number: 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 been complied with and that the information given is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviate that the information given is true and complete to the best of my knowledge and belief.		
Regulatory Clerk (Tule) February 26, 1986	well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111 All sections of this form must be filled out completel on new and recompleted wells. Fill out only Sections I. II. III. and VI for chan well name or number, or transporter, or other such chang	Italy for allow- Igus of owner.