

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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MAR 03 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

I.

Operator	Mesa Operating Limited Partnership	
Address	P.O. Box 2009, Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Federal	Well No.	13	Pool Name, including Formation	Basin Dakota	Kind of Lease	State, Federal or Fee	Federal	Lease No.
Location	Unit Letter <u>K</u> : <u>1850</u> Feet From The <u>south</u> Line and <u>1650</u> Feet From The <u>west</u>								
	Line of Section	<u>21</u>	Township	<u>26N</u>	Range	<u>6W</u>	, NMPM,	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Permian Corporation	Permian (Eff. 9 / 1787)	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1183/Houston, Texas		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	El Paso Natural Gas/Gas Co. of New Mexico		Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1492, El Paso, Texas P.O. Box 26400, Albuquerque, New Mexico 87125		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rqs.	Is gas actually connected?	When
	K	21	26	6	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.

Catalyn Cummings
(Signature)
Regulatory Clerk
February 26, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] MAR 3 1986
BY _____
TITLE 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 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.
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.