## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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DISTRIBUTION			
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LANG OFFICE			
TRAMSPORTER	OIL		
	948		
OPERATOR			
PROBATION OFF	HEE		

## 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

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

PREMATION OFFICE AUTHORIZATION TO TRANS	R ALLOWABLE JUL 31 1386 DO PORT OIL AND NATURAL GAS		
Mesa Operating Limited Partnership			
P.O. Box 2009, Amarillo, Texas 79189			
	Condensate  Other (Please explain)  Effective date of change of ownership: 7/1/86		
If change of ownership give name Pioneer Production Corpo	oration, P.O. Box 2542, Amarillo, Texas 79189		
II. DESCRIPTION OF WELL AND LEASE			
LUCERNE Weil No. Pool Name, Including F  LUCERNE 1 Basin Dako			
Unit Letter M 1181 Feet From The SOUTH Lin	ne and 990 Feet From The West		
	TW , NMPM, San Juan County		
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of OIL or Condensate A. Giant Refining, Inc.  Name of Authorized Transporter of Casingness Gas or Dry Gas A. El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent)  Box 338, Bloomfield, New Mexico 87413  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1492, El Paso, Texas 79999		
If well produces oil or liquids.  M 8 28N 11W	Is gas actually connected? When Yes		
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	OIL CONSERVATION DIVISION		
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.	APPROVED South 1300		
aralyn & (umming) (Signalum) (Signalum) (Signalum)	TITLE  SUPERVISOR DISTRICT # 8  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 is accordance with RULE 111.		
Carolyn L. Cummings, Regulatory Clerk (Tule)  July 23, 1986	All sections of this form must be filled out completely for silow- able 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.		

completed wells.