STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

10. 00 (DP16 0 DE	2749	Т	
DISTRIBUTION			
SANTA FE			
FILE			_
V.S.G.A.			
LANG OFFICE			
TRANSPORTER	OIL		
	BAS		
OPERATOR			
PROBATION 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.

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHORIZATION TO 1'RAN	AND ASPORT OIL AND NATE	JRAL GAS	- 19
Operator Mesa Operating Lim	nited Partnership			
P.O. Box 2009, Ama	rillo, Texas 79189			-
Reason(s) for filing (Check proper box)		Other (Pleas	e espieia)	
New Well	Change in Transporter ci:		,	
Recompletion X Change in Ownership	Casinghead Gas	Dry Gas Condensate		
If change of ownership give name Mesond address of previous owner Mesond			rillo, Texas 79189	
II. DESCRIPTION OF WELL AND L	EASE Well No. Pool Name, Inclining	Formation	Kind of Lease	Legse No.
McLeod	2E Basin Dakot		State, Federal or Fee Federal	SF046563
Location				
Unit Letter E : 1530	Feet From The <u>north</u>	.ine and <u>930</u>	Feet From TheWest	
Line of Section 34 Townshi	ip 28N Rompe	10W , NMPN	, San Juan	County
Name of Authorized Transporter of Cil Permian Corporation Permian	or Condensate 🐼 ermian (Eff. 9 / 1 /@7) lead Gas 🗀 or Dry Gas 💢	Address (Give address P.O. Box 118) Address (Give address P.O. Box 1492	to which approved copy of this form is 3/Houston, Texas 77001 to which approved copy of this form is 2/El Paso, Texas 79998	•
If well produces oil or liquids, give location of tanks.		Is gas actually connect Yes	ed? When 12/22/81	
If this production is commingled with the NOTE: Complete Parts IV and V on		0		
VI. CERTIFICATE OF COMPLIANCE				100C
I hereby certify that the rules and regulations of been complied with and that the information giv my knowledge and belief.			FEB V	1,1980
1 06	7	TITLE	SUPERVISOR DISTR	O LOT WE
(Atalya). (M		If this is a requ	he filed in compliance with RUL, set for allowable for a newly drill be accompanied by a tabulation of	led or deepened
Carolyn 4. Cummings/Regula February 14, 1986	story Clerk	tests taken on the	well in accordance with AULE 11 this form must be filled out compl	1,
(Date) Fill out only Sections I. II. III. and VI for che well name or number, or transporter, or other such char			nges of owner,	

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