STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	41740	
DISTRIBUTI	0 M	
SANTA PE		
FILE		
u.1.6.4.		
LAND OFFICE		
TRANSPORTER	014	
	GAS	
OPERATOR		
PROBATION OF	ICE	

OIL CONSERVATION DIVISION P. O. BOX 2088

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

SANTA FE, NEW MEXICO 87501

DECENTED

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

OPERATOR		R ALLOWABLE ND		(2)	
PROBATION OFFICE AUT	HORIZATION TO TRANSI		RAL GAS FEB 1 9 1086		
Operator Mass Operating Limited	Daytneyshie			1/	
Mesa Operating Limited			<u> </u>		
P.O. Box 2009, Amarill	o, Texas 79189				
Reason(s) for filing (Check proper box)		Other (Please	ezpiain)		
	nge in Transporter of:	ry Gas			
	· · · · · · · · · · · · · · · · · · ·	ondensate			
					
If change of ownership give name Mesa Pe and address of previous owner Mesa Pe	troleum Co., P.O.	Box 2009, Ama	rillo, Texas 79189		
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well	No. Pool Name, Including F		Kind of Lease	Lease No.	
State Com 46	Blanco Picture	ed Cliffs	State, Federal or Fee State		
Location	north	1160	0.25#	İ	
Unit Letter H : 1450 Fee	From The north Lin	e and 1100	Feet From Theeast		
Line of Section 16 Township	29 Range 81	W , NMPM	, San Juan	County	
III. DESIGNATION OF TRANSPORTER	OF OIL AND NATURAL or Condensate		to which approved copy of this form	is to be sent)	
Name of Adinorized Francisco de Car	~ CO	A34.000 (0111 0111 0111 0111 0111 0111 0111		,	
Name of Authorized Transporter of Casinghead Go	or Dry Gasy	Address (Give address	to which approved copy of this form	is to be sent)	
El Paso Natural Gas Co.			El Paso, Texas		
If well produces oil or liquids, Unit give location of tanks.	Sec. Twp. Rge.	1s gas actually connect	ed? When		
dire iocorior or restor					
If this production is commingled with that fro		Rive comminging order	number.		
NOTE: Complete Parts IV and V on rever	rse side if necessary.	11			
VI. CERTIFICATE OF COMPLIANCE		OIL C	ONSERVATION DIVISION		
I hereby certify that the rules and regulations of the C	Oil Conservation Division have	APPROVED	FEB 1	9, 1986	
been complied with and that the information given is to	rue and complete to the best of		<u> </u>		
my knowledge and belief.		87	Shanles .	· Javy	
		TITLE	SUPERVISOR DISTRI	CT #3 ()	
Allyn (Signature)		This form is to	be filed in compliance with Ru	LE 1104.	
If this is a request for allowable for a newly drilled or deep (Signature) [Signature] Well, this form must be accompanied by a tabulation of the devi					
Carolyn L. Cummings, Regulate	ory Clerk	tests taken on the	well in accordance with RULE	111.	
February 14, 1986		All sections of able on new and re-	this form must be filled out com completed wells.	pletely for allow-	
(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.		

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