## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

| DISTRIBUTION         |     |   |   |
|----------------------|-----|---|---|
| SANTA FE             |     |   |   |
| FILE                 |     |   |   |
| U.S.G.4,             |     |   | Ĺ |
| LAND OFFICE          |     |   |   |
| TRANSPORTER          | OIL | _ |   |
|                      | GAS |   |   |
| OPERATOR             |     |   |   |
| DECEMBER AT ION OF S | 4   | 1 |   |

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

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

| GAS GPERATOR   |                |                                 | R ALLOWABLE<br>IND  |   | 19<br>1794                          |
|--|----------------|---------------------------------|---|---|-------------------------------------|
| PROBATION OFFICE   | AUTHOR         | RIZATION TO TRANS               | PORT OIL AND NAT  | URAL GAS  | A Company                           |
| Operator Mesa Operating I  | _imited Pa     | artnership                      | ······································                          | ,   | 13.7                                |
| Address  | 1 1            | 70100                           |   | <u> </u>  | A Vie                               |
| P.O. Box 2009, /   |                | lexas /9189                     |   | ·   |                                     |
| Reason(s) for filing (Check proper box New Well Recompletion X Change in Ownership         | Change is      | <b>==</b>                       | Other (Plea   | ise explainj  |                                     |
| If change of ownership give name and address of previous owner                             | Mesa Petro     | oleum Co., P.O.                 | Box 2009, Am  | arillo, Texas 79189                                       | <del>)</del>                        |
| II. DESCRIPTION OF WELL AN   |                | Pool Name, Including F          |   |   |                                     |
| State Com  | 43             | Blanco Pictur                   |   | Kind of Lease State, Federal or Fee Sta                   | te Lease No.                        |
| Location   |                |                                 |   |   |                                     |
| Unit Letter N : 990  | Feet Fro       | m The <u>south</u> Lin          | 1450  | Feet From The Wes   | t                                   |
| Line of Section 36Tax  | mahip 29N      | Range                           | 8W , NMP  | M. San Juan   | County                              |
| III. DESIGNATION OF THE ANSA   |                |                                 |   |   |                                     |
| Name of Authorized Transporter of Oli  |                | OIL AND NATURAL CONTROL CONTROL |   | s to which approved copy of this                          | form is to be sent)                 |
|  | _              | <del></del> -                   |   |   |                                     |
| Name of Authorized Transporter of Car  | _              | or Dry Gas                      |   | to which approved copy of this<br>2, El Paso, Texas       | •                                   |
| El Paso Natural Gas Co   | Unit Sec.      | Twp. Rge.                       | Is gas actually connec  |   | 7 3 3 3 0                           |
| If well produces oil or liquids, give location of tanks.                                   | N 36           |                                 | Yes   |   |                                     |
| If this production is commingled wit   | h that from an | y other lease or pool,          | give commungling ord  | er number:  |                                     |
| NOTE: Complete Parts IV and  | V on reverse s | ide if necessary.               |   |   |                                     |
| VI. CERTIFICATE OF COMPLIA   |                | ,                               | اا مدر  | CONSERVATION DIVISI                                       | ON                                  |
|  |                |                                 |   | ← FFR   | 1 971986                            |
| I hereby certify that the rules and regulation been complied with and that the information |                |                                 | APPROVED  |   | 7                                   |
| my knowledge and belief.   | -              | -                               | 87  | Dramp).   | Jane /                              |
|  |                |                                 | TITLE   | SUPERVISOR I  | DISTRICT TO                         |
|  |                | •                               | This form is t  | to be filed in compliance wit                             | th RULE 1104.                       |
| (Signa   |                | mingo                           | If this is a re-  | quest for allowable for a new                             | riy drilled or deepened             |
| Carolyn L. Cummings, F   | •              | Clerk                           | tests taken on the  | et be accompanied by a tabu<br>well in accordance with Rt | lation of the deviation<br>JLE 111. |
| February 14, 1986  |                |                                 | All sections of able on new and re                              | of this form must be filled our<br>ecompleted wells.      | completely for allow-               |
| (Date)   |                |                                 | Fill out only Sections I. II. III, and VI for changes of owner, |   |                                     |

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

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