## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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| SARTA FE         |     |   |  |
| FILE             |     |   |  |
| V.S.G.A.         |     |   |  |
| LAMO OFFICE      |     |   |  |
| TRANSPORTER      | 014 |   |  |
|                  | 646 |   |  |
| 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.

| PROMATION OFFICE AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  I.  |  |  |  |
|--|--|--|--|
| Mesa Operating Limited Partnership   |  |  |  |
| P.O. Box 2009, Amarillo, Texas 79189   |  |  |  |
|  | Other (Please explain)  y Gas indensare  |  |  |
| If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189  |  |  |  |
| II. DESCRIPTION OF WELL AND LEASE  | 1017, E-1034, E-8984, E-3149   |  |  |
| State Com AF 28E Blanco Me   |  |  |  |
| Unit Letter 1 : 1460 Feet From The South Line and 1100 Feet From The east  Line of Section 36 Township 29N Range 10W , NMPM, San Juan County   |  |  |  |
| Line of Section 30 Township 2511 Hange 1511  |  |  |  |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil  |  |  |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas XX  El Paso Natural Gas Co.  Address (Give address to which approved copy of this form is to be sent)  P.O. Box 1492/El Paso, Texas 79998                              |  |  |  |
| If well produces oil or liquids, quive location of tanks.  Unit Sec. Twp. Rage.  1 36 29 10  | Is gas actually connected? When 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  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.   |  |  |  |
| TITLE SUPERVISOR DISTRICT 93  This form is to be filed in compliance with RULE 1104.   |  |  |  |
| Carolyn L. Cummings/Regulatory Clerk  If this is a request for allowable for a newly drilled or despense well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. |  |  |  |
| February 14 1986 All sections of this form must be filled out completely for all 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. |  |  |