STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

40. 0F 10010 DEC	1740		
DISTRIBUTION			
SANTA FE			
FILE			
V.8.6.4,			
LAND OFFICE			
TRANSPORTER	OH.		
	BAS		
OPERATOR			
2002 45104 655165			

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

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

REQUEST FOR ALLOWABLE

	ND PORT OIL AND NATURAL GAS
Mesa Operating Limited Partnership	
P.O. Box 2009, Amarillo, Texas 79189	
	Other (Please explain) y Gos indensate
If change of ownership give name Mesa Petroleum Co., P.O. and address of previous ownerMesa Petroleum Co., P.O.	Box 2009, Amarillo, Texas 79189
II. DESCRIPTION OF WELL AND LEASE Local Name State Com AF 28E Basin Dakota	1
Line of Section 36 Township 29N Range	10W , NMPM, San Juan County
Permian Corporation Name of Authorized Transporter of Cut or Condensate Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas X	P.O. Box 1183 Houston, TX 77001 Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. If well produces ell or liquids, Unit Sec. Twp. Rqs.	P.O. Box 1492, El Paso, Texas Is que ectually 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 I hereby certify that the rules and regulations of the Oil Conservation Division have	OIL CONSERVATION DIVISION
been complied with and that the information given is true and complete to the best of my knowledge and belief.	TITLE STRUKE . Lave Supervisor DISTRICT # 30
Regulatory Clerk (Signature)	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
February 26, 1986	All sections of this form must be filled out completely for allowable on new and recompleted wells. 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.

(Date)