#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION & ...

P. O. BOX 2086

SANTA FE, NEW MEXICO 87501

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

## REQUEST FOR ALLOWABLE

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporten or other such change of condition.

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

PROBATION OFFICE	ND PORT OIL AND NATURAL GAS			
Mesa Operating Limited Partnership				
P.O. Box 2009, Amarillo, Texas 79189				
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:    Recompletion	y Gos			
Change in Ownership Casingheed Gas Co	andensere			
If change of ownership give name Mesa Petroleum Co., P.O.	Box 2009, Amarillo, Texas 79189			
II. DESCRIPTION OF WELL AND LEASE				
State Com AG  Weil No. Pool Name, Including Fo	State, Federal or Fee State			
Location Forth	1565 West			
Unit Letter F : 1500 Feet From The north Lin				
Line of Section 36 Township 29N Range	10W , NMPM, San Juan County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	, GAS			
Permian Corporation  Address (Give address to which approved copy of this form is to be sen  P.O. Box 1183/Houston, Texas 77001				
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔀 El Paso Natural Gas Co.	P.O. Box 1492/El Paso, Texas 79998			
If well produces oil or liquids, que location of tanks.  Unit Sec. Twp. Rgs.  F 36 29N 10W	res 2/14/81			
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	FEB 1 9 1886			
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	APPROVED			
my knowledge and belief.	SUBERMICOR PIONE			
	TITLE SUPERVISOR DISTRICT #			
allen J. umnings	This form is to be flied in compliance with RULE 1104.  If this is a request for allewable for a newly drilled or deepened			
(Signature) Carolyn L. Cummings/Regulatory Clerk	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 <sup>Tule)</sup>	All sections of this form must be filled out completely for silomable on new and recompleted wells.			

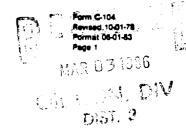
XC: NMOCD-(0+4), WF, CR, Reg.

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## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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



### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			
Mesa Operating Lim	nited Partnership			
P.O. Box 2009, Ama	rillo, Texas 79189			
Reason(s) for filing (Check proper box)  New Wot!  Recompletion  Change in Ownership		Other (Please Dry Gas Condensate	e espiain)	
If change of ownership give name Mesonal address of previous owner Mesonal DESCRIPTION OF WELL AND L		. Box 2009, Ama	rillo, Texas 79189	
State Com AG	Well No. Pool Name, Including 29E Basin Dako		Kind of Louse State, Federal or Fee State	Lease No.
Location F 1500	Feet From Thenorth	1565	Feet From The West	
Line of Section 36 Townshi	2011	10W , NMPM		County
Name of Authorized Transporter of Casingho El Paso Natural Gas Co If well produces oil or liquids,	Permit. or Dry Gas (3)	P.O. Box 1183, Address (Give address to P.O. Box 1492, Is gas actually connected	•	-
If this production is commingled with the NOTE: Complete Parts IV and V on VI. CERTIFICATE OF COMPLIANCE	reverse side if necessary.	II	. 2/14/81 number: ONSERVATION DIVISION	
I hereby certify that the rules and regulations of been complied with and that the information given my knowledge and belief.	f.the Oil Conservation Division have		MAR - 3 Srank . S	1986
Regulatory Clerk	aming	If this is a requ	be filed in compliance with RULE set for allowable for a newly drille be accompanied by a tabulation o rell in accordance with RULE 111	I 1104. ed or despensed f the deviation
February 26, 1986		Fill out only S. well name or number.	ections I. II. III. and VI for change or transportes or other such change	iges of owner, of condition,
		Separate Forms completed wells.	C-104 must be filed for each po	el in multiply

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