

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

NO. OF COPIES DESIRED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PERMITS OFFICE		

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

R E C D
FEB 19 1986

Operator Mesa Operating Limited Partnership		OIL C
Address P.O. Box 2009, Amarillo, Texas 79189		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner: Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name Suter	Well No. 4A	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM010909
Location Unit Letter <u>E</u> : <u>1640</u> Feet From The <u>north</u> Line and <u>850</u> Feet From The <u>west</u> Line of Section <u>15</u> Township <u>32N</u> Range <u>11W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

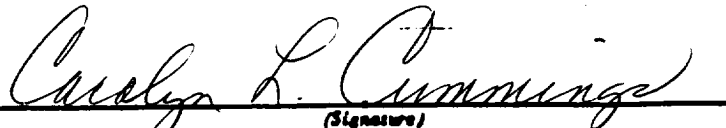
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> 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, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>E</u> <u>15</u> <u>32</u> <u>11</u>	<u>Yes</u> <u>10/16/75</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

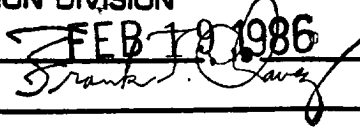
NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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.


(Signature)
Carolyn L. Cummings/Regulatory Clerk
February 14, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED 
BY _____
TITLE _____ SUPERVISOR DISTRICT # 2

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

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PERMITS OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAR 03 1986

OIL CON. DIV.
DIST. 3

Operator	Mesa Operating Limited Partnership
Address	P.O. Box 2009, Amarillo, Texas 79189
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas

If change of ownership give name and address of previous owner: Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Suter	Well No.	4A	Pool Name, including Formation	Blanco Mesaverde	Kind of Lease	State, Federal or Fee	Federal	Lease No.	NM010909
Location	Unit Letter <u>E</u> : <u>1640</u> Feet From The <u>north</u> Line and <u>850</u> Feet From The <u>west</u> Line of Section <u>15</u> Township <u>32N</u> Range <u>11W</u> , NMPM, San Juan County									

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Permian Corporation	Address (Give address to which approved copy of this form is to be sent)	P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	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
If well produces oil or liquids, give location of tanks.	Unit <u>E</u> Sec. <u>15</u> Twp. <u>32</u> Rge. <u>11</u>	Is gas actually connected?	Yes
		When	10/16/75

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

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.

Carolyn Cummings
(Signature)
Regulatory Clerk
February 26, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED Frank J. Dwyer MAR - 3, 1986
BY Frank J. Dwyer
TITLE SUPERVISOR DISTRICT # 3

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