STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			Г	
SANTA PE				
PHE				
V.5.6.å,				
LAMB OFFICE				
TRAMSPORTER	OIL			
	646			
OPERATOR				
POGGATION OFFICE				

OIL CONSERVATION DIVISION P. O. BOX 2088

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.

U.S.G.L. LAMB OFFICE TRAMSPORTER GIL		W MEXICO 87501		
PRODATION OFFICE		ND	RAL GAS	
Mesa Operating Limit	ted Partnership		D FEB 1 9 199	86
P.O. Box 2009, Amar	illo, Texas 79189			Dis.
Recsen(s) for filing (Check proper box) New Well Recsentiotion Change in Ownership		Other (Please ry Gas andensate	explain) OIL DIST.	<i>*</i>
If change of ownership give name Mesa and address of previous ownerMesa		Box 2009, Amar	illo, Texas 79189	
II. DESCRIPTION OF WELL AND LEA	ASE Weil No. Pool Name, Including Fo		Kind of Lease	Lease No.
Location	4 Lybrook-Ga		State, Federal or Fee Federal Feet From The east	N00-C-14 20-8454
Unit Letter : 1850 Line of Section 26 Township		BW , NMPM.		County
Mane of Authorized Transporter of Oll XXX Permian Corporation	ER OF OIL AND NATURAL or Condensate \$211.000 p. 1.787	Address (Give address to	which approved copy of this form in Houston, Texas 77001	e to be sent)
Mame of Authorized Transporter of Casinghea Mesa Operating Limited Pa	ed Gash(X)K or Dry Gas	P.O. Box 2009	which approved copy of this form in Amarillo, Texas 7918	to be sens)
If well produces oil or liquids, unit give location of tanks.	Sec. Twp. Rec. 26 24 8	Is gas actually connected Yes	•	16/81
If this production is commingled with that NOTE: Complete Parts IV and V on r VI. CERTIFICATE OF COMPLIANCE	reverse side if necessary.	OIL CO	DINSERVATION DIVISION	1 9 1986
I hereby certify that the rules and regulations of the been complied with and that the information gives my knowledge and belief.	n is true and complete to the best of	SY	Srank J. (
Carolyn L. Cummings, Regula	Samming atory Clerk	If this is a requivel, this form must tests taken on the w	SUPERVISOR be filed in compliance with RU set for allowable for a newly dri be accompanied by a tabulation ell in accordance with RULE to this form must be filled out comp	LE 1104. Lied or deepened of the deviation
February 14, 1986 (Dece)		able on new and rec Fill out only Se		angus of owner,

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