

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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

I. **Operator**
Mesa Operating Limited Partnership

Address
P.O. Box 2009, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain) *Name change from Gas Co. of NM to Sunterra Gas Gathering Co.	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input checked="" type="checkbox"/> Dry Gas
<input 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 _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Primo	Well No. 1A	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Free Federal	Lease No. SF078215
Location Unit Letter <u>D</u> : <u>1190</u> Feet From The <u>North</u> Line and <u>1190</u> Feet Line of Section <u>6</u> Township <u>31N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> 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"/> Sunterra Gas Gathering Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125				
If well produces oil or liquids, give location of tanks.	Unit D	Sec. 6	Twp. 31	Rge. 10	Is gas actually connected? Yes	When 12/26/75

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)
Carolyn Cummings, Regulatory Analyst
(Title)
May 29, 1987
(Date)

OIL CONSERVATION DIVISION

APPROVED _____
BY Frank J. [Signature]
TITLE _____ SUPERVISOR DISTRICT 7

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.

xc: NMOCD-A (0+4), Reg, WF, Marketing