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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	RECEIVED BY FEB 12 1986 O. C. D. ARTESIA, OFFICE OIL CONSERVAT P. O. BOX SANTA FE, NEW M REQUEST FOR A	2088 MEXICO 87501 ALLOWABLE	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1
Nesa Operating Limited Partnership			
Address P.O. Box 2009, Amari			
Reeson(s) for filing (Check proper box) Other (Please explain)   New Well Change in Transporter of:   Recomplication Oil   X Change in Ownership			
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189			
II. DESCRIPTION OF WELL AND LE	Well No. Post Heart DECOC CI	Mation Kind of L OPE ABO State Fo	deral of Fee NM 36643
			EAST
Location J 1980 Feet From The SOUTH Line and 1980 Feet From The EAST			
Line of Section 6 Township	8S Range 2	3E , <sub>NMPM</sub> , CHA	VES County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of OII	or Condensate Z Fermian (Elf. 9 / 1 /87)	P.O. BOX 1183 / HOL	iston, Texas 77001
Permian Corporation		Address (Give address to which a	pproved copy of this form is to be sent; iston, Texas 77001
Transwestern Pipeline Co		P.O. BOX 2521 / Hou	When
It well produces oil or liquids. give location of tanks.	6 8 23	YES	10-5-81
If this production is commingled with the	st from any other lesse or pool, a	give commingling order number:	Proted I.D- 7
NOTE: Complete Parts IV and V on		1	2-28.86
If this production is commingled with that from any other lease or pool, give comminging order name Posted ID-3 NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE 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.		APPROVED FEB 28 1986 19	
		BYOriginal Signed By Les A. Clements	
		TITLE	
R. E. Machis		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despend	
(Signature)			emperied by a (abulation of the destation.
REGULATORY AGENT		All sections of this form must be filled out completely for allow-	
February 14, 1986		able on new and recomplete Fill out only Sections	T IT IT and VI for changes of owner.
(Dece)		well name or number, or tran	must be filed for each pool in multiply

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