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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT TO OF LOPICE SELECTION SANTA PE FILE U.3.0.4. LANG OFFICE TRANSPORTER GAB DIL GPERATOR PROMATION OFFICE	SANTA FE, NEV	ATION DIVI DX 2088 W MEXICO 87 R ALLOWABLE ND	501	Form C-104 Revised 104 Format 06-0 Page 1	01-78
Operating Limi	ted Partnership				
Addrees					
P.0. Box 2009, Amar	-1110, Texas 79189				
Resson(s) for filing (Check proper box) New Well Recompletion X Change in Ownership	高. 周	Other (A ry Gas andensate	Please explain;		
If change of ownership give name Mesa and address of previous owner Mesa II. DESCRIPTION OF WELL AND LE Locase Name SAVAGE FEDERAL Locasion	ASE Well No. Pool Name, Including F 2 PECOS SLOPE	ABO	Kind of Lease State (Federal of Fee	NM	Legae No. 14993
Unit Letter F 1980	_Feet From TheLin	• and	Feet From The	WEST	
Line of Section 4 Township	, 7S Range 2	5E , N	IMPM, CHAVES		County
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oll Permian Corporation Name of Authorized Transporter of Casinghe Transwestern Pipeline Co If well produces oil or liquids, give location of tanks.	or Condensate Permjan (Eff. 9 / 1787) ed Gas or Dry Gas @	Address (Give add P.O. BOX 1 Address (Give add	183 / Houston, Te 183 / Houston, Te 185 to which approved copy 1521 / Houston, Te 19521 / Houston, Te 19521 / Houston, Te	exas 7700 of this form is to exas 7700] o be sent;
If this production is commingied with the	it from any other lease or pool.				
NOTE: Complete Parts IV and V on VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of been complied with and that the information give my knowledge and belief.	the Oil Conservation Division have	APPROVED0 BY TITLES	L CONSERVATION D FEB 28 1986 riginal Signed By tes A. Clements upervisor District II s to be filed in compliant	······································	19
(Signature)		well, this form :	request for allowable for must be accompanied by a the well in accordance wi	a tabulation of	the deviation
<u>REGULATORY_AGENT</u> February 14, 1986	<u> </u>	All sections	ne well in accordance wi s of this form must be fill i recompleted wells.		-
1001 ddi y 14, 1900	11				

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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.

(Date)