STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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LAND OFFICE		
TRANSPORTER OIL	✔	
GAS	✔	✔
OPERATOR	✔	
PRORATION OFFICE		

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

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)

☐ New Well
☐ Recompletion
☒ Change In Ownership

Change In Transporter of:
☐ Oil
☐ Casinghead Gas

☐ Dry Gas
☐ Condensate

Other (Please explain)

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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee		Lease No.
COYOTE FEDERAL	5	Pecos Slope Abo	NM		27970

Location

Unit Letter: H ; 1980 Feet From The NORTH Line and 660 Feet From The EAST

Line of Section 19 Township 7S Range 25E , NMPM. Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian (Eff. 9 / 1 /87)
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 ☐ or Dry Gas ☒
Transwestern Pipeline Co. (Attn: Aicklen)

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 2521/Houston, Texas 77001

If well produces oil or liquids, give location of tanks.
Unit H ; Sec. 19 ; Twp. 7 ; Rge. 25

Is gas actually connected? YES
When 8-20-81

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 L. Cummings
(Signature)
Carolyn L. Cummings, Regulatory Clerk
(Title)

February 14, 1986
(Date)

Posted ID-3
2-28-86

OIL CONSERVATION DIVISION Name Eng

FEB 28 1986

APPROVED _____, 19 ___

Original Signed By
BY _____ Les A. Clements
TITLE ____ Supervisor District II

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-(0+4), WF, CR, Reg.