| | ··· * = 4 | | | | | | |
|--|--|---|---------------------------------------|----------------|----------------------|--|-----------|
| STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT OISTRIBUTION SANTA FE FILE U.S.O.S. LAND OFFICE TRANSPORTER OIL PROMATION OFFICE I. | FEB O ARTE | P. O. BO: A FE, NEW REQUEST FOR AN | MEXICO 8 | 7501 | GAS | Form C-104 Revised 10-01- Format 06-01-8 Page 1 | |
| Mesa Operating Limi | ited Partner | ·ship | | | | | |
| Address P.O. Box 2009, Amar | | 79189 | · · · · · · · · · · · · · · · · · · · | | | | |
| Ressen(s) for filing (Check proper box) New Well Recompletion | Change in Transpo | orter of: | Gas Other | (Please explo | tin) | - | <u> </u> |
| Change in Ownership | Casingheat G | ies 🚺 Co | ndensate | <u> </u> | | | |
| If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189 | | | | | | | |
| THE SOULESS OF PLEATORS CALLER | | | | | | | |
| II. DESCRIPTION OF WELL AND LE | Well No. Pool No | | | | of Lease | | Lease No. |
| MACHO FEDERAL | 3 WES | T PECOS SL | OPE ABO | State | Foderal or i ee | NM | 36647 |
| Location 0 . 420 | _Feet From The _ | SOUTH Lin | 1360 | . F• | et From TheEA | ST | |
| | | | | | | | |
| Line of Section 7 Township 7S Range 23E , NMPM, CHAVES County | | | | | | | |
| III. DESIGNATION OF TRANSPOR | TER OF OIL AN | ID NATURAL | GAS | | ab approved come of | this form is to | be senti |
| Name of Authorized Transporter of Oil or Condensate Address (Give address to which approves Copy of his join to to to to the comp | | | | | | | |
| Permian Corporation | | Dry Gas | Address (Give | address to whi | ich approved copy of | this form is to | be sent) |
| Transwestern Pipeline Co | | wp. Rge. | P.O. BOX Is gas actually | | uston, Texas | 77001 | |
| If well produces oil or liquids, give location of tanks. | | 7 23 | YE | | 11-16- | 82 | |
| If this production is commingled with th | at from any other | lease or pool, | give commingli | ng order num | ber: | | |
| NOTE: Complete Parts IV and V on | | | | | | Pa | ted ID-3 |
| VI. CERTIFICATE OF COMPLIANCE | E . | | | OIL CONS | SERVATION DIV | ISION | me laka |
| If this production is comminged with that from any other rease of pool, give comminged with that from any other rease of pool, give comminged with that from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other rease of pool, give comminged with the from any other reases of pool, give comminged with the from any other reases of the from any other reases of pool, give comminged with the from any other reases of the from any other reases of pool, give comminged with the from any other reases of the from any other rease | | | | | | | |
| been complied with and that the information giv my knowledge and belief. | BYOriginal Signed By Les A. Clements | | | | | | |
| Ĩ. | TITLE Supervisor District II | | | | | | |
| R.E. Machas | This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened | | | | | | |
| Signature | wall, this fo | em must be | accompanied by a | tabulation of | the deviation | | |
| REGULATORY AGENT | tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- | | | | | | |
| February 14, 1986 | able on new and recompleted wells. Fill out only Sections I. II. IE. and VI for changes of owner. | | | | | | |
| (Date) | | | | | | | |