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O. C. D	
STATE OF NEW MEXICO ARTESIA, OF	FICE Form C-104
ENERGY IND MINERALS DEPARTMENT	Revised 10-01-78 Format 08-01-63
OIL CONSERVATION DIVISION Page 1	
SANTA F8 P. O. BOX 2088 FINE P. O. BOX 2088	
U.S.A. SANTA FE, NEW MEXICO OFFICE	
TRAMPORTER OIL T	
GPERATER AND	
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
I. Comment Mesa Operating Limited Partnership	
P.O. Box 2009, Amarillo, Texas 79189	Other (Please explain)
Reeson(s) for filing (Check proper box) Change in Transporter of:	
Reconcision	Gas
	dens gie
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189 and address of previous ownerMesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	mation i Kind of Lease Lease No.
Well No. Four liter and	Tope Abo State Federal or Fee NM 15289
Unit Letter: 1980 Feet From The NORTH Line and Feet From The WEST	
	5F , NMPM, Chaves County
Line of Section 8 Township 55 Range 25F	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS	
Name of Authorized Transporter of Oll	D. D. Box 1183/Houston, Texas 77001
Permian Corporation Permian (Eff. 9 / 1 /87) Name of Authorized Transporter of Casinghead Gas or Dry Gas (X)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521/Houston, Texas 77001
Transwestern Pipeline Co. (Attn: Aicklen)	Is gas octually connected? When
If well produces oil or liquids.	YES 5-3-83
give location of tunks.	
NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION Mame Cong
VI. CERTIFICATE OF COMPLIANCE	FEB 28 1986
the office the sales and regulations of the Oil Conservation Division have	APPROVED, IS
been complied with and that the information given is true and complete to the best of my knowledge and belief.	BY Original Signed By
\sim	TITLE Supervisor District I
	This form is to be filed in compliance with AULE 1104.
(Maker A. ummina	and the second of allowable for a newly drilled or deepened
(Signature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
Carolyn L. Cummings, Regulatory Clerk	All sections of this form must be filled out completely for allow- able on new and recompleted wells.
February 14, 1986	and VI for changes of switter.
(Dere)	Fill out only Sections 1, 11, 12, other such change of condition. well name or number, or transporten or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply
Separate Forms Crice indet of inter for complete	

XC: NMOCD-(0+4), WF, CR, Reg.