



STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 08-01-83
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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)

<input type="checkbox"/> New Well	Change in Transporter of:	<u>Other (Please explain)</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

☐ Dry Gas
☐ Condensate

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 <u>DEBBIE FEDERAL</u>	Well No. <u>7</u>	Pool Name, including Formation <u>WEST Pecos Slope Abo</u>	Kind of Lease State <u>Federal</u> or Fee	Lease No. <u>36644</u>
Location				
Unit Letter <u>K</u>	<u>1980</u>	Feet From The <u>SOUTH</u>	Line and <u>1650</u>	Feet From The <u>WEST</u>
Line of Section <u>29</u>	Township <u>7S</u>	Range <u>23E</u>	<u>NMPM</u>	Chaves County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183/Houston, Texas 77001</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Co. (Attn: Aicklen)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2521/Houston, Texas 77001</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>29</u>
	Twp. <u>7</u>	Rge. <u>23</u>
	Is gas actually connected?	When
	<u>YES</u>	<u>1-20-84</u>

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
February 14, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 28 1986
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.