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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT 	01	ARTESIA L CONS SANTA F	2 1986 C. D. A. OFFICE SERVA P. O. BO FE. NEW UEST FOR	TION DI	37501 E		Form C-104 Revised 10-0 Format 06-0 Page 1	
I. Operator Mesa Operating Lim	ited Pa	rtnershi	ip /		<u> </u>	<u></u>		
Address P.O. Box 2009, Ama						· · · · · · · · · · · · · · · · · · ·		
Ressen(s) for filing (Check proper box) New Well Recompletion Change in Gunarahip	Change ia Oil Casin	Transporter ghead Gas	of:	y Gas ndensate	r (Please			
If change of ownership give name Mess and address of previous ownerMess II. DESCRIPTION OF WELL AND L	EASE	Pool Name,		ormation		Kind of Lease	NM	Lecae No. 36647
MACHO FEDERAL	5					State Federat of Fee		
Unit Letter;660	Feet From			and)	_ Feet From The	EAST	
Line of Section 6 Townsh	1 p 7S		Range	23E	, NMPM,	CHAVES		County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oli	or Co	ndensate 🚺		Address (Give		o which approved copy		-
Permian Corporation Permian Corporation		. 9 / 1 / 37		P.O. BOX Address (Give	1183 address ti	/ Houston, Te which approved copy	Xas 7700	io be sentj
Transwestern Pipeline C	0.		Rge.	P.O. BOX			exas 770	01
If well produces oil or liquids, give location of tanks.	ut Sec. 0 6	т ир. 7	23	YES			.83	
If this production is commingied with th	at from any	y other leas	ie or pool,	give comming!	ing order	number:		
NOTE: Complete Parts IV and V or	n reverse si	ide if neces	sary.					osted ID- 2-28-86
VI. CERTIFICATE OF COMPLIANCE								ame let
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.				APPROVED FFB_ 28 1986 , 19				
				BY Original Signed By Les A. Clements				
			i	TITLE		sor District 11		
R. E. Machis (Signature	,	<u> </u>		If this well, this f	orm is to is a requ orm must	be filed in complia eat for allowable for be accompanied by rell in accordance to	r a newly drill a tabulation (ied or deepened of the deviation
February 14, 1986				All sec	tions of and rec	this form must be fl completed wells.	lied out compi	etaly for allow
February 14, 1986 (Dete)	<u>. 4.</u>			Fill ou weil name o	nt only S or number, ie Forms	ctions I. II. III. a , or transporter, or ot C-104 must be fil	her such chan	ge of condition.