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STATE OF NEW MEXICO
 ENERGY AND MINERALS DEPARTMENT

Form C-104
 Revised 10-01-78
 Format 06-01-83
 Page 1

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

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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:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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 <u>WHITE STATE</u>	Well No. <u>1</u>	Pool Name, including Formation <u>DIAMOND MOUND ATOKA-MORROW</u>	Kind of Lease <u>State</u> Federal or Fee	Lease No. <u>5663</u>
Location				
Unit Letter <u>0</u>	: <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u>			
Line of Section <u>35</u>	Township <u>15S</u>	Range <u>27E</u>	, NMPM, <u>CHAVES</u> 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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Navajo Refining Co.</u>	<u>P.O. BOX 159, Artesia, New Mexico 88210</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Northern Natural Gas Co.</u>	<u>P.O. BOX 2300, Midland, Texas 79702</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>0</u> <u>35</u> <u>15</u> <u>27</u>	<u>YES</u> <u>7-30-80</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.

R. E. Martin
 (Signature)

REGULATORY AGENT
 (Title)

February 14, 1986
 (Date)

Posted ID-3
 2-28-86
 Name Chg

OIL CONSERVATION DIVISION

APPROVED FEB 28 1986, 19____

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.