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ARTESIA, OFFICESTATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENTForm C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE		✓
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	GAS	✓
OPERATOR		✓
PRODUCTION OFFICE		

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Mesa Operating Limited Partnership ✓	
Address P.O. Box 2009, Amarillo, Texas 79189	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recombination <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> 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 Lincoln State Com	Well No. 1	Pool Name, including Formation Penasco Draw - Morrow	Kind of Lease State, Federal or Fee State	Lease No. L4856
Location Unit Letter <u>H</u> : <u>2030</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u> Line of Section <u>24</u> Township <u>18</u> Range <u>24</u> , NMPM, <u>Eddy</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"/> Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Northern Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2370 Hobbs, New Mexico 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	H 30 18 24 Yes 4/30/80

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 Original Signed 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.

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