STATE OF NEW MEXICO FEB 12 165. STATE OF NEW MEXICO O. C. D. ENERGY AND MINERALS DEPARTMENT O. C. D. ARTES:A. O: FIC: Prove Office OIL CONSERVATION DIVISION Form 0:104 Marta ret P. O. BOX 2083 U.S.d.a. SANTA FE. NEW MEXICO 87501 Request for ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Coperation Mesa Operating Limited Partnership			
Address P.O. Box 2009, Amarillo, Texas 79189			
Reason(s) for filing (Check proper boz)	Other (Please explain)		
New Well Change in Transporter of:	Vinter (Fittest capitita)		
	ry Gas		
X Change in Ownership Casinghead Gas C	ondensate		
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189 and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including Formation Kind of Lease Lease No.			
Ringer 1 White City P			
Location			
Unit Letter F 2012 Feet From The north Line and 1808, Feet From The West			
Line of Section 3 Township 25S Range 26E , NMPM, Eddy County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensate XX	Adatess (Give address to which approved copy of this form is to be sent)		
The Permian Corporation	P.O. Box 1183/Houston, Texas 77001 Address (Give address to which approved copy of this (orm is to be sent)		
Natural Gas Pipeline	P.O. Box 283, Houston, Texas 77001		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When		
give location of tanks. F 3 25 26	Yes 2/4/77		
If this production is commingled with that from any other lesse or pool, give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.	Pasted ID- 3 2-28-84		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION TAme 6 kg		
been complied with and that the information given is true and complete to the best of my knowledge and belief.			
		(Signature) (Signature) Carolyn L. Cummings/Regulatory Clerk (Signature)	
		February 14, 1986	All sections of this form must be filled out completely for sllow- sble on new and recompleted wells.
			Fill out only Sections I. II. III, and VI for changes of owner,
(Dete) 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.			