STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	
GAS	
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED FEB 19 1986 OIL CON. DIV. DIST. 3

I.

Operator   Mesa Operating Limited Partnership

Address   P.O. Box 2009, Amarillo, Texas 79189

Reason(s) for filing (Check proper box)

- [ ] New Well
- [ ] Recompletion
- [X] Change in Ownership

Change in Transporter of:
- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

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	Well No.	Pool Name, Including Formation	Kind of Lease		Lease No.
South Blanco State 36	1	Lybrook-Gallup	State, Federal or Fee	State	LNMLG1034

Location

Unit Letter   A   ;   990   Feet From The   north   Line and   330   Feet From The   east

Line of Section   36   Township   24N   Range   8W   , NMPM,   San Juan   County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [XX] or Condensate [ ]	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1183/Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas [XX] or Dry Gas [ ]	Address (Give address to which approved copy of this form is to be sent)
Mesa Operating Limited Partnership	P.O. Box 2009/Amarillo, Texas 79189

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	36	24	8	Yes	5/26/81

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 (Title)

February 14, 1986 (Date)

OIL CONSERVATION DIVISION   FEB 19 1986

APPROVED _____, 19 ___

BY _____

TITLE _____

SUPERVISOR DISTRICT # 3

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.