STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

	1114		
DISTRIBUTION			П
SANTA FE			
FILE			
V.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR .			
PROBATION OF	1CE		

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

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

Separate Forms C-104 must be filed for each pool in multiply completed wells.

GOTTATOR	R ALLOWABLE ND PORT OIL AND NATU	RAL GAS	\N
Mesa Operating Limited Partnership			
P.O. Box 2009, Amarillo, Texas 79189		A Q	1986
	Other (Please ry Gas andensate	OIL CON	1.3 1. DIA.
If change of ownership give name Mesa Petroleum Co., P.O. and address of previous owner Mesa Petroleum Co., P.O.	Box 2009, Ama	rillo, Texas 79189	
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including F	ormation	Kind of Lease	Lease No.
South Blanco Federal 25 7 Lybrook Gal	lup Ext.	State, Federal or Fee Federal	NM12233
Unit Letter F : 2025 Feet From The north Line of Section 25 Township 24N Range	8W , NMPM		County
Name of Authorized Transporter of OII XX or Condensate Permian Corporation Permian (Eff. 9 / 1 /87)	P.O. Box 1183	/Houston, Texas 77001	•
Name of Authorized Transporter of Casinghead Gast\XX or Dry Gas ☐ Mesa Operating Limited Partnership	P.O. Box 2009	o which approved copy of this form is /Amarillo, Texas 79189	to be sent)
If well produces oil or liquids, que location of tanks. Unit Sec. Twp. Rec. F 25 24 8	Is gas actually connected Yes	when 3/12/82	
If this production is commingled with that from any other lease or pool, 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. (Signature)	OIL C	SUPERVISOR DISTRICT SUPERVISOR DISTRICT be filed in compliance with RUL seat for allowable for a newly dril be accompanied by a tabulation	E 1104. led or deepened of the deviation
Carolyn L. Cummings, Regulatory Clerk February 14, 1986	1	vell in accordance with RULE 11 this form must be filled out complementation.	• • •
(Date)		ections I. II. III, and VI for cha , or transporter, or other such chan	

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