STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
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TRANSPORTER	OIL		
	845		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-53



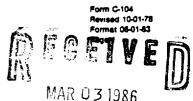
OPERATOR A	R ALLOWABLE ND MAR 031986 PORT OIL AND NATURAL GAS OU CONL DAY					
Mesa Operating Limited Partnership	DIST. 3					
P.O. Box 2009, Amarillo, Texas 79189						
Change in Ownership Casingheed Gas C	Other (Please explain) ry Gas andensate					
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189						
Lesso Name Federal Lesso Name Federal Lesso Name Federal Lesso Name Federal Residue Name Federal						
Location Unit Letter 1800 Feet From The South Line and 850 Feet From The east						
Line of Section 21 Township 26N Range	6W . NMPM, Rio Arriba County					
Name of Authorized Transporter of Casingheed Gas or Dry Gas X El Paso Natural Gas Co/Gas Co. of New Mexico If well produces oil or liquids, que location of tanks.	Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas P. O. Box 26400, Albuquerque, New Mexico 87125 Is gas actually connected? Yes					
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 OIL CONSERVATION DIVISION						
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.	APPROVED MAR - 3, 1986					
Carolin Cummino	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					
Regulatory Clerk well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE !!!.						
February 26, 1986 All sections of this form must be filled out completely for allow shie on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner.						
(Date)	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.

STATE OF NEW MEXICO ENERGY MID MINERALS DEPARTMENT

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DISTRIBUTION			
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LAMO OFFICE			
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OPERATOR.			
PROSATION OFFICE			

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



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

AUTHORIZATION TO TRANSF Mesa Operating Limited Partnership Address P.O. Box 2009, Amarillo, Texas 79189	MAR 03 1986 PORT OIL AND NATURAL GAS MAR 03 1986 OIL CON. DIV. DIST. 3
	Other (Please explain) y Gas undensete Box 2009, Amarillo, Texas 79189
II. DESCRIPTION OF WELL AND LEASE Location Unit Letter 1800 Feet From The South Line	State, Federal or Fee Federal
Line of Section 21 Township 26N Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casingheed Gas or Dry Gas (XX)	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co./Gas Co. of New Mexico If well produces oil or liquids. Unit Sec. Twp. Rege. 1 21 26 6 If this production is commingled with that from any other lease or pool,	Address (Give address to which approved copy of this form is to be sent) P: 0: Box 1492 E Paso, Texas P: 0: Box 26400, Albuquerque, New Mexico 87125 Is gas actually connected? Yes 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. Regulatory Clerk (Signature) February 26, 1986	TITLE SUPERVISOR DISTRICT TO SUPERVISOR DIST

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