

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
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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

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MAR 23 1986

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 3

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"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casingshead 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 Scott Federal	Well No. 6	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF07903
Location Unit Letter <u>K</u> : <u>1570</u> Feet From The <u>south</u> Line and <u>1850</u> Feet From The <u>west</u> Line of Section <u>17</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</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"/>	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 Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Co. Of New Mexico	P.O. Box 26400, Albuquerque, New Mexico 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>17</u> Twp. <u>26</u> Rge. <u>6</u>	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

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 Cumming
(Signature)
Regulatory Clerk
February 26, 1986
(Date)

OIL CONSERVATION DIVISION

MAR 3 1986

APPROVED _____
BY _____
TITLE _____
SUPERVISOR DISTRICT # _____

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.

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ENERGY AND MINERALS DEPARTMENT

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

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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MAR 03 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)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership			

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 <u>Scott Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF07903</u>
Location				
Unit Letter <u>K</u> : <u>1570</u> Feet From The <u>south</u> Line and <u>1850</u> Feet From The <u>west</u>				
Line of Section <u>17</u> Township <u>26N</u> Range <u>6W</u> , NMPM, <u>Rio Arriba</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corporation</u>	<u>P.O. Box 1183, Houston, Texas 77001</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Co. of New Mexico</u>	<u>P.O. Box 26400, Albuquerque, New Mexico 87125</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>K</u> Sec. <u>17</u> Twp. <u>26</u> Rge. <u>6</u>	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

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.

Carelyn Cummings
Regulatory Clerk (Signature)
February 26, 1986 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 3 1986
BY Ernest J. [Signature]
TITLE SUPERVISOR DISTRICT # 4

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.