## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION				
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U.S.G.S.				
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## OIL CONSERVATION DIVISION P. O. BOX 2088

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

SANTA FE, NEW MEXICO 87501

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

TRAMSPORTER GAS		REQUEST FO	OR ALLOWA	ABLE	LU SEP1	2 1988		
PROBATION OFFICE	AUTHO		ANO		JRAL GASIL CO		y	
MESA OPERATING LIMIT	ED PART	NERSHIP			<u> </u>	रं. ड		
Address .O. BOX 2009, AMARI	LLO, TE	XAS 79189	· · · · · · · · · · · · · · · · · · ·					
Reason(s) for filing (Check proper box)  Change in Transporter of:			Other (Please explain)					
Recompletion X Change in Ownership	<b>7</b> . <b>7</b> .			Ory Gas Effective 8/15/88 Condensate				
If change of ownership give name B and address of previous owner	eta Dev	elopment Co.,	238 Petr	oleum P	laza, Farmingt	on, NM 8	37401	
II. DESCRIPTION OF WELL AND								
MARTIN "3"	Well No.	Pool Name, Including Basin Da			Kind of Lease State, Federal or Fee	Fee	1350-01	
Unit Letter E : 1611	Feet Fro	m The North L	ne and79	90	Feet From The	west		
Line of Section 3 Towns	thip 29N	Range	11W	, NMPN	San Juan		County	
III. DESIGNATION OF TRANSPO	RTER OF	OIL AND NATURA	L GAS					
Name of Authorized Transporter of CII or Condensate 🛣 The Permian Corporation			P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casingnead Gas or Dry Gas X El Paso Natural Gas Co.			P.O. Box 990, Farmington, New Mexico 87401					
If well produces oil or liquids, give location of tanks.	E Sec	3 29N 11W	<u> </u>	idily connect		· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with	that from an	y other lease or pool,	give commi	ngling orde	r number:			
NOTE: Complete Parts IV and V of	on reverse s	ide if necessary.						
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION SEP 12 1988					
I hereby certify that the rules and regulations been complied with and that the information g my knowledge and belief.	of the Oil Co given is true ar	onservation Division have and complete to the best of	APPRO		1) chan/	<del>,                                     </del>	., 19	
			TITLE.	SUPER	VISION DISTRIC	T # 3		
Calalya Cu	mm	ings			be filed in compliance			
Regulatory Analyst	•/	0	H man, thr	s torm must	mest for allowable for be accompanied by a well in accordance wi	tabulariaa	af the desires.	
September 9, 1988			All s	sections of new and rec	this form must be fille completed wells.	ed out comp	ietely for allow	
(Date)			Fill well name	out only 3 or number	ections I, II, III, and , or transporter, or other	VI for char or such char	inges of owner	

xc: NMOCD (0+3), Prod Rcds, Reg, Expl., Land, C. Records