STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION		
SANTA PE		
FILE		
V.S.G.S.		
LAMO OFFICE		
TRANSPORTER	اد	
	GAS	
OPERATOR		

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

REQUEST FOR ALLOWABLE

	PORT OIL AND NATURAL GAS			
Mesa Operating Limited Partnership				
P.O. Box 2009, Amarillo, Texas 79189				
- Vectorium	Other (Please explain) y Gaz indensate			
of change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189				
II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease No.			
Federal 1 Aztec Picture	d Cliffs State, Federal or Fee Federal			
Unit Letter B : 990 Feet From The NOTH Line and 1650 Feet From The east Line of Section 1 Township 29N Range 11W , NMPM, San Juan County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, Texas			
If well produces oil or liquids, quive location of tanks. Unit Sec. Twp. Rgs. B 1 29 11	Yes Yes			
If this production is commingled with that from any other lesse 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	OIL CONSERVATION DIVISION APPROVED APPROVED			
been complied with and that the information given is true and complete to the best of my knowledge and belief.	SUPERVISOR DISTRICT # 3			
	TITLE			
Malyn (Munung) (Signature) Regulatory Clerk	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.			
February 26, 1986	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Date)	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.			