## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

90. 00 COMES SEC		
DISTRIBUTIO	Г	
SANTA PE		
FILE		
U.S.G.4.		
LANG OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OFFICE		

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

Revised 10-01-78 Format 06-01-83

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

Form C-104

OPERATOR	REQUEST FOR ALLOWABLE			OL I who	Ö		
PROBATION OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL		OIL CON	OIL CON DIV			
I.	AUTHOR	IZATION TO TE	RANSPORT OI	L AND NATU	RAL GAS	J1 V	
Operator	· · · · · · · · · · · · · · · · · · ·			<del></del>	DIST_?		
MESA OPERATING I							
P.O. BOX 2009, A	MARILLO, TEX	XAS 79189					
Reason(s) for filing (Check prope	r boz)			Other (Please	explain)		
New Well	Change in Transporter of:			·			
Recompletion	OII	Į	Dry Gas	5 7 15 7 5 5			
X Change in Ownership	Cast	nghead Gas	Condensate				
If change of ownership give na and address of previous owner	Beta Deve	elopment Co	., 238 Pet	roleum P	aza, Farmington, NM	87401	
II. DESCRIPTION OF WELL							
J. S. HARTMAN "A'		Pool Name, inclu	•		Kind of Lease	Lease No.	
		Basin	Dakota		State, Federal or Fee Fee	1410-01	
Unit Letter C :	990 Feet Fre	The Nort	h_Line and	1750	Feet From TheWest		
Line of Section 26	Township 3	ON Rang	• 11W	, NMPM	San Juan	County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NAT	URAL GAS		·		
Name of Authorized Transporter of	ot OTI or C	andensate 🛣	Address		o which approved copy of this form	•	
The Permian Corpora	ation		P.0	Box 118	3, Houston, Texas 770	001	
Name of Authorized Transporter of El Paso Natural Gas	_	or Dry Gas 🔀	Address P.O	(Give address) Box 990	, Farmington, New Mer	xico 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec	. Twp. Re		tually connect	ed? When		
If this production is commingle	d with that from ar	y other lease or	pool, give com	mingling order	number:	<del></del>	
	_						
NOTE: Complete Parts IV	ina v on reverse s	ide if necessary.					
VI. CERTIFICATE OF COMI	LIANCE			OIL C	ONSERVATION DIVISION SEP 12 1929		
I hereby certify that the rules and re				0VED	OL: 12 iii		
been complied with and that the info my knowledge and belief.	rmation given is true at	nd complete to the b	J.E.	~	$A \cap A$		
my knowledge and benef.			BY_		1 Carry		
		~	TITL	SUPE	RVISION DISTRICT#3		
Carolyn (c	ummu	1 8	. ∥ ∓	his form is to	be filed in compliance with a	ULE 1194.	
	Signature)	<del>-</del> /-	Well.	his form must	lest for allowable for a newly of be accompanied by a tabulation well in accordance with RULE	on of the devices	
(Title) September 9, 1988			<b>∥</b> ∧	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Date)			. F	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.			