

STAT H-15-30N-11W
ENERGY AND

NO. OF COPIES	
DISTR	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

MESA OPERATING LTD. PARTNERSHIP
DUMP MESA FEDERAL #1

SJ OIL CON. DIVISION
088
MEXICO 87501

Form C-104
Revised 10-01-78
Format 08-01-83

RECEIVED

SEP 12 1988

OIL CON. DIV.
DIST. 3

ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Effective 8/15/88

If change of ownership give name and address of previous owner Beta Development Co., 238 Petroleum Plaza, Farmington, NM 87401

II. DESCRIPTION OF WELL AND LEASE

Lease Name DUMP MESA FEDERAL	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. 1520-01
Location Unit Letter H ; 1745 Feet From The North Line and 1170 Feet From The East Line of Section 15 Township 30N Range 11W , NMPM, San Juan 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"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit H Sec. 15 Twp. 30N Rge. 11W	Is gas actually connected? When

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 Cummings
(Signature)
Regulatory Analyst
(Title)
September 9, 1988
(Date)

OIL CONSERVATION DIVISION

SEP 12 1988

APPROVED _____, 19

BY *[Signature]*

TITLE SUPERVISION 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 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.