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O. C. D.

ARTESIA, OFFICE

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION				
SANTA FE		7		
FILE		~		
V.2.G.4.				
LAMO OFFICE			l	
TRANSPORTER	016			
	GAS	7		
OPERATOR		/		
PRORATION OF				

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

PROBATION OFFICE	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Operator Mesa Operating Lin	nited Partnership		
P.O. Box 2009, Ama	arillo, Texas 79189		
Recease(s) for filing (Check proper box)  New Well  Recemplation  X Change in Ownership		Other (Please explain)  Ory Gos Condensate	
		. Box 2009, Amarillo, Texas 79189	
II. DESCRIPTION OF WELL AND ROUND TOP STATE	Weil No. Pool Name, Including F		Legse No. 6675
Location E 198	0 NORTH NORTH	ne and WEST	
Line of Section 10 Towns	7S Range	23E , NMPM, CHAVES	County
Name of Authorized Transporter of OII Permian Corporation Name of Authorized Transporter of Casing Transwestern Pipeline	or Condensate G	P.O. BOX 1183 / Houston, Texas 770  Address (Give address to which approved copy of this form is P.O. BOX 2521 / Houston, Texas 770	01
If well produces oil or liquids, qive location of tanks.	E 10 7 23	YES When 12-16-82	
NOTE: Complete Parts IV and V on reverse state 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 Original Signed By			ted ID-3 2-28-84 Name Chy
R E- Mathy Signal P REGULATORY AGENT February 14, 1986		TITLE Supervisor District II  This form is to be filed in compliance with RUL  If this is a request for allowable for a newly dril well, this form must be accompanied by a tabulation tests taken on the well in accordance with RULE !  All sections of this form must be filled out comp able on new and recompleted wells.	lied or deepened of the deviation 11. letely for allow-
(Date)		Fill out only Sections I. II. III, and VI for chi well name or number, or transporter or other such char Separate Forms C-104 must be filed for each	ige of condition.