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ARTESIA, OFFICE

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

---DISTRIBUTION SANTA PE FILE V.S.G.A. LAND OFFICE TRANSPORTER GAS

STATE OF NEW MEXICO

ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator Mesa Operating Limited Partnership									
P.O. Box 2009, Amarill	o, Texas 79189								
Reason(s) for filing (Check proper box)		Other (Please explain)							
New Well Change in Transporter of: Recompletion		Gos							
	Castnehead Gas Con	ndensate							
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189									
II. DESCRIPTION OF WELL AND LEASE Leese Name Well	No. Pool Name, Including For	rmation	Kind of Lease	Lease No.					
CHINA FEDERAL 2	West Pecos S	Slope Abo	State. Federal or Fee Federal	NM 36648					
Location Unit Letter E : 1800 Fee	From The north Line	GR6660	Feet From The West						
Line of Section 18 Township	7S Range	23E , NMPM	. Chaves	County					
Name of Authorized Transporter of Oil Permian Corporation Name of Authorized Transporter of Casinghead Casin	or Condensate (X)	P.O. Box 1183.	/Houston, Texas 77001 to which approved copy of this form /Houston, Texas 77001 /Houston, Texas 77001 ed? 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 obeen complied with and that the information given is a	OIL CONSERVATION DIVISION 2-28-86 FEB 25 1986 Original Signed By								
Carolyn C. Cummings, Regulatory Clerk February 14, 1986		TITLE Supervisor District # This form is to be filed in compliance with RULE 1104. If this is a request for siloweble 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 silowable 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.		

XC: NMOCD-(0+4), WF, CR, Reg.