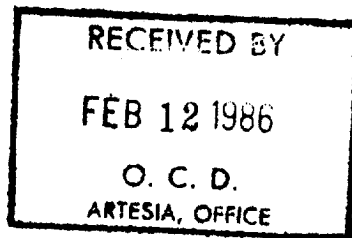


STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT



Form C-104  
Revised 10-01-78  
Format 08-01-83  
Page 1

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OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input type="checkbox"/>

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	
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

If change of ownership give name and address of previous owner: Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name ALKALI FEDERAL	Well No. 3	Pool Name, including Formation Pecos Slope Abo	Kind of Lease State, Federal or Fee Federal	Lease No. 40029
Location Unit Letter M, 850 Feet From The south Line and 760 Feet From The west Line of Section 22 Township 5S Range 25E, NMPM, Chaves 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"/> Permian (Eff. 9/1)	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"/> Transwestern Pipeline Co. (Attn: Aicklen)	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2521/Houston, Texas 77001	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22
	Twp. 5	Rge. 25
Is gas actually connected? Yes		When 3/3/82

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 L. Cummings*  
(Signature)  
Carolyn L. Cummings, Regulatory Clerk  
February 14, 1986  
(Date)

OIL CONSERVATION DIVISION

FEB 28 1986

APPROVED \_\_\_\_\_, 19 \_\_\_\_\_

BY \_\_\_\_\_ Original Signed By \_\_\_\_\_

TITLE \_\_\_\_\_ Les A. Clements

Supervisor District II

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.