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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT	REQUEST FOR	X 2088 MEXICO 87501 RALLOWABLE	DN .	Form C-104 Revised 10-01-78 Format 06-01-83 Page 1
Operator Mesa Operating Limite	ed Partnership/	· · · ·		····
Address P.O. Box 2009, Amari		<u> </u>		
Reeson(s) for filing (Check proper box) New Weil Cl Recompletion Cl X Change in Ownership		y Gas ndensate	e explain)	
If change of ownership give name Mesa and address of previous ownerMesa	Petroleum Co., P.O.	Box 2009, Ama	rillo, Texas 79189	9
II. DESCRIPTION OF WELL AND LEAS				
SALEM COM	PECOS SLOPE	ABO	Kind of Lease State, Federal of Fee	Lease No.
Location Unit Letter B 990 F	eet From The NORTH Lin	1980	Feet From The EAST	· · · · · · · · · · · · · · · · · · ·
Line of Section 4 Township		26E , NMPN		County
III. DESIGNATION OF TRANSPORTED	R OF OIL AND NATURAL		to which approved copy of this	form is to be sent)
Permian Corporation	Periodi de la companya de la compa		/ Houston, Texas	
Name of Authorized Transporter of Casinghead	Gas or Dry Gas		to which approved copy of this	
Trnaswestern Pipeline Co.		P.O. BOX 2521		77001
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge.	is gas detually connect YES	ed? when 11-9-82	
If this production is commingled with that i	rom any other lesse or pool,			
NOTE: Complete Parts IV and V on re	verse side if necessary.			Tosted ID- 3
	!		ONSERVATION DIVISI	2-28-84
VI. CERTIFICATE OF COMPLIANCE				Mame Eng
I hereby certify that the rules and regulations of the been complied with and that the information given it	APPROVED	FFB 28 1986	, 19	
my knowledge and belief.	BYOriginal Signed By Les A. Clements			
			es A. Ciemenns	
m Di				
R.E. Mathie			be filed in compliance wi lest for allowable for a new	
(Signature)		well, this form must	be accompanied by a tabu well in accordance with R	ulation of the deviation
REGULATORY AGENT			this form must be filled ou	
February 14, 1986	1	able on new and re-		· · · · · · · · · · · · · · · · · · ·

(Dete)

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.