		•		
STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		TION DIVISION x 2088 MEXICO 87501		-01-78
I.	UTHORIZATION TO TRANSP	ORT OIL AND NATUR	AL GAS	
Mesa Operating Limit	ed Partnership			
Adves				
P.O. Box 2009, Amari	110, Texas 79189	Tort (a)		
Resson(s) for filing (Check proper box) Other (Please explain)   Now Well Change in Transporter of:   Recompletion Oil   X Change in Quartship     Casingheat Ges Condensate				
If change of ownership give name Mesa and address of previous owner	Petroleum Co., P.O.	Box 2009, Amari	illo, Texas 79189	
II. DESCRIPTION OF WELL AND LEA	SE			
Lesse Name	9 West Pecos S		Kind of Lease State, Federal or Fee Federal	Lease No. NM36648
CHINA FEDERAL	J West recos o			
Unit Letter E 1650 F	Feet From TheLin	• and784	Feet From The	
20	7S 8	23E	Chaves	County
Line of Section Township	7.3 Range	, MMPM,		County
III. DESIGNATION OF TRANSPORTE	R OF OIL AND NATURAL	GAS	which approved copy of this form is	
Name of Authorized Transporter of Oll Permian Corporation	or Condensate XX Permian (Elt. 9 / 1 /87)		Houston, Texas 77001	rio de sent/
Name of Authorized Transporter of Casinghead Gas ar Dry Gas X Address (Give address to which approved copy of this form is to be sent)				
Transwestern Pipeline Co.		1		
If well produces oil or liquids, give location of tanks.	Sec. Twp. Rge. 20 7 23	is gas actually connected Yes	When 7/15/83	
If this production is commingled with that	from any other lease or pool,	give commingling order	number:	, <u></u>
NOTE: Complete Parts IV and V on ro				osted ID-3 2-28-84
VI. CERTIFICATE OF COMPLIANCE		B 28 1986	Name & hg	
I hereby certify that the rules and regulations of the been complied with and that the information given	he Oil Conservation Division have	AFFROVED		., 19
my knowledge and belief.		at Signed <b>By</b> C. Clements		
$\Lambda$		isor District H		
$   $ $\land $ $\forall $		This form is to be filed in compliance with RULE 1104.		
alalyd A. Cu	Aning	If this is a reque	est for allowable for a newly dri	lied or deepened
(Signature) Carolyn L. Cummings/Regulat	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells.			
February 14, 1986				
	Fill out only Se	ections I. II. III, and VI for ch or transporter, or other such char		
(Date)	well name or number,	or transported or other such Char	affe of condition"	

Separate Forms C-104 must be filed for each pool in multiply completed wells.