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RECEIVED BY		
FEB 12 1986		
O. C. D.		
STATE OF NEW MEXICO ARTESIA, OFFICE		
	Form C-104 Revised 10-01-78 Format 06-01-83	
SANTA FE P. O. BO	ATION DIVISION Page 1 x 2088	
LAND OFFICE	V MEXICO 87501	
TRANSPORTER OIL LT REQUEST FOR ALLOWABLE		
AND AND AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
I. Operator Mesa Operating Limited Partnership		
Address F.O. Box 2009, Amarillo, Texas 79189		
Reason(s) for filing (Check proper box)	Other (Please esplain)	
New Weil Change in Transporter of: Recentlicitien Oil	ry Gas	
	ondensete	
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189		
II. DESCRIPTION OF WELL AND LEASE		
SAND COM 1 PECOS SLOPE	ABO State, Federal or 💽	
Location F 1980 Feet From The NORTH Line and 1980 Feet From The WEST		
Line of Section 10 Township 7S Range 26ENMPM, CHAVES County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
Name of Authorized Transporter of Oli or Condensate Permian Corporation Permian (Eff. 9/1/87)	$P \cap ROY 1183 / Houston Texas 77001$	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent) P.O. BOX 2521 / Houston, Texas 77001	
Transwestern Pipeline Co. If well produces oil or liquide. F 10 7 26	Is gas actually cannected? When YES 5-4-83	
give location of tanks. F 10 7 26 YES 5-4-83		
NOTE: Complete Parts IV and V on reverse side if necessary.	OIL CONSERVATION DIVISION Name Conservation	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION Name Che	
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	APPROVED FEB 28 1986 19	
been complied with and that the highlighting gives is the bill complete it in a set of the bill of the	BY Original Signed By Les A. Clements	
	TITLE Supervisor District II	
R. E. Mtathus Gienesway	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	
REGULATORY AGENT	ATORY AGENT	
February 14, 1986	shie on new and recompleted wells.	
(Date)	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.		