STATE OF NEW MEXICO NERGY AND MINERALS DEPARTMENT	RECEIVED BY FEB 12 1986 O. C. D. Artesia, office		Form C-104
			Revised 10-01-78 Format 06-01-83
		TION DIVISION	Page 1
1LE	P. O. 80 Santa Fe, New		
TRANSPORTER OIL	REQUEST FOR	ALLOWABLE	
	A	ND	
· · · · · · · · · · · · · · · · · · ·	AUTHORIZATION TO TRANSF	PORT OIL AND NATURAL GAS	
Mesa Operating Lim	ited Partnership		
P.O. Box 2009, Ama	rillo, Texas 79189		
eeson(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain)	
New Well Recompletion		y Gas	
Change in Ownership	Casingheat Ges Co	ndensate	
DESCRIPTION OF WELL AND L IRIS STATE	Well No. Pool Name, Including For   2 WEST PECOS SLO	OPE ABO State, Federal or F	h <del></del> h <del></del>
Unit Letter 17 : 660	Feet From TheSOUTH	e and Feet From The _	WEST
Line of Section 21 Townsh	up 7S Range	23E , NMPM, CHAVES	County
L DESIGNATION OF TRANSPOR		CAS	
I. DESIGNATION OF TRANSPOR	or Condensate	Address (Give address to which approved c	opy of this form is to be sent)
Permian Corporation		P.O. BOX 1183/Houston, Address (Give address to which approved co	Texas 77001
ame of Authorized Transporter of Casing) Transwestern Pipeline C		P.O. BOX 2521/Houston.	
well produces oil or liquids,	ut Sec. Twp. Rge.	Is gas actually connected? When	
ve location of tanks.	L <u>21</u> 7 23	YES 4-4-	83
this production is commingied with th		give commingling order number:	Posted II
OTE: Complete Parts IV and V or	s reverse side if necessary.	1	2= 28-81
I. CERTIFICATE OF COMPLIANC	E		I DIVISION 2-28-84 Mame
nereby certify that the rules and regulations of	of the Oil Conservation Division have	APPROVED FEB 28 1986	
been complied with and that the information given is true and complete to the best of my knowledge and belief.		BY Original Signed By	
		Les A. Clements TITLE	
R.E. Martis	-	This form is to be filed in comp	
REGULATORY AGENT	,	If this is a request for allowable well, this form must be accompanied tests taken on the well in accordanc	by a tabulation of the deviati e with RULE 111.
February 14, 1986		All sections of this form must be able on new and recompleted wells. Fill out only Sections I, II, III,	and VI for changes of owne
(Date)		well name or number, or transporter, or	

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