STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
SANTA FE		Ī	
FILE			
U.S.Q.A.		<u> </u>	
LAND OFFICE			
TRANSPORTER	016		
	GAS		
OPERATOR			
PROBATION OFF	HC E		

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Rene 1

LAND OFFICE TRANSPORTER GIL GAS OPERATOR PROMATION OFFICE I. Operator	AUTHORIZATION TO TRANSF	R ALLOWABLE ND PORT OIL AND NATU	RAL GAS DIST. 3	· •	
Mesa Operating Lim	ited Partnership				
P.O. Box 2009, Ama	rillo, Texas 79189				
Reason(s) for filing (Check proper boz)	· · · · · · · · · · · · · · · · · · ·	Other (Please	expiain)		
New Well	Change in Transporter of:				
Recompletion		y Gas			
Change in Ownership	Casinghead Gas Ca	ndensate			
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189					
II. DESCRIPTION OF WELL AND L	Well No. Pool Name, Including Fo	ormation	Kind of Lease	Lease No.	
State Com X	20 Aztec Picture	ed Cliffs	State, Federal or Fee State		
Unit Letter J 1450 Feet From The SOUTH Line and 1450 Feet From The east Line of Section 36 Township 29N Range 10W , NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas 12k Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Co. P.O. Box 1492, El Paso, Texas 79999 If well produces oil or liquids, J 36 29 10 Yes If this production is commingled with that from any other lesse 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 been complied with and that the information give	f the Oil Conservation Division have	OIL C	ONSERVATION DIVISION	1986	
my knowledge and belief.	a	TITLE	SUPERVISOR DIS	TRICT 3	
Carolyn L Cummings, Regulatory Clerk February 14, 1986 If this is a rewell, this form mutests taken on the All sections of able on new and respectively.		Sections I. II. III. and VI for changes of owner,			
(Date)		well name or number	or transporter, or other such chan C-104 must be filed for each p	ge of condition,	

XC: NMOCD-(0+4), WF, CR, Reg.