·- ·							
RECEIVED B FEB 12 1981							
STATE OF NEW MEXICO O. C. D.							
ENERISY IND MINERALS DEPARTMENT	Form C-104 Revised 10-01-78						
LANIA PE         P. O. I           FILE         FL           U.S.d.d.         SANTA FE, NI           LANIL OFFICE         SANTA FE, NI	ATION DIVISION Page 1 Pormat 08-01-63 Page 1 EW MEXICO 87501						
AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
I. Commer Mesa Operating Limited Partnership /							
Addrives P.O. Box 2009, Amarillo, Texas 79189							
Reason(s) for filing (Check proper box) Other (Please explain)							
New Weil     Change is Transporter el:       Recompletion     Oil   Dry Gas							
Casinghead Ges Condensate							
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189							
and address of previous owner							
II. DESCRIPTION OF WELL AND LEASE	Formation Kind of Lease Lease No.						
HOBBS FEDERAL 1 Peco	s Slope Abo State Federal or Fee NM 36410						
G 1980 NORTH	ine andFeet From TheEAST						
Line of Section 8 Township 65 Range	25E NMPM, Chaves County						
III DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Name of Authorized Transporter of Oli or Condensate	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183/Houston, Texas 77001						
the Authoritised Transporter of Casingheed Gas or Dry Gas (1) Address (Give address to which approved copy of this form is to be sent)							
Transwestern Pipeline Co. (Attn: Aicklen) P.O. Box 2521/Houston, Texas 77001							
If well produces of or liquids. Unit Sec. Twp. Rgs. give location of tanks. G 8 6 25	YES 9-24-81						
If this production is commingied with that from any other lease or pool, give comminging order number:							
NOIE: Complete Parts IV and V on reverse side if necessary.	Posted ID-3 2-28-86						
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Name Column							
been complied with and that the information given is true and complete to the best of Original Signand But							
my knowledge and belief.							
TITLE Supervisor District 11							
Alalin J. Cumming (Signature) (Signature)							
Carolyn L. Cummings, Regulatory Clerk tests taken on the well in accordance with RULE 111.							
February 14, 1986	, 1985 sbie on new and recompleted wells. Fitl out only Sections L II. III. and VI for changes of owner.						
(Dete) 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: N	MOCD-	(0+4),	WF,	CR,	Reg.
-------	-------	--------	-----	-----	------

.