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	RECEIVED	ВҮ			
	FEB 12 19	86			
STATE OF NEW MEXICO	0. C. D				
ENERGY AND MINERALS DEPARTMENT	ARTESIA, OFF			Form C-104	
				Revised 10-01-78 Format 06-01-83	
SANTA PE				Page 1	
SANTA FE, NEW MEXICO 87501					
LAND OFFICE	ANSPORTER CIL				
OPERATOR L					
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
Community Mesa Operating Limited Partnership					
Address P.O. Box 2009, Amarillo, Texas 79189					
Reesen(s) for filing (Check proper box) Other (Please explain)					
	ia Transporter of:				
Recompletion Oli Cas		y Gas Indensate			
If change of ownership give name Mesa Petroleum Co., P.O. Box 2009, Amarillo, Texas 79189					
II. DESCRIPTION OF WELL AND LEASE					
Lesse Name Maralo Federal Com 1	Logan Draw		Kind of Lease State, Federal or Fee	ederal NM025527A	
Location				i	
Unit Letter L : 1980 Feet Fr	on The south Lin	• and660	_ Feet From The	west	
Line of Section 22 Township 175	S Range	27E , NMPM,	Eddy	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					
	Condensate XX	Address (Give address t		this form is to be sent; ew Mexico 88210	
Name of Authorized Transporter of Casinghead Gas			which approved copy of OX_1320, HODDS		
Llano, Inc./Northern Natural Gas		(Northern) P.0	<u>. Box 2300, Mic</u>	land, Texas 79702	
if well produces all or liquide,	22 17 27	Yes	7/29	80/8/18/80	
If this production is commingied with that from any other lease or pool, give commingling order number:					
NOTE: Complete Parts IV and V on reverse.	side if necessary.			Posted ID-3 2-28-86 ISION Nami Chg	
VI. CERTIFICATE OF COMPLIANCE			DNSERVATION DIV	ISION Name Chg	
I hereby certify that the rules and regulations 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.		Original Signed By			
		Les A. Clements			
		TITLE Supervisor District H			
		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened			
(Signature) Carolyn L. Cummings, Regulatory	weil, this form must	well, this form must be accompanied by a tabulation of the deviation ests taken on the well in accordance with RULE 111.			
February 14, 1986		All sections of able on new and rec		i out completely for allow-	
(Dece)	Fill out only. Se	ections I. II. III, and	VI for changes of owner,		
(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.					

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