NUMBER OF COPIES RECEIVED	+				
DISTRIBUTION SANTA FE		NEW MEXICO OI	L CONSERVAT	ION C AISSION	R ForkEd-M
PILE /		SAN	TA FE, NEW N	EXICO	(Rev. 7-60)
AND OFFICE	CERTIFI	CATE OF CO	MPLIANCE	AND AUTHORIZ	
TRANSPORTER GAS	Т	O TRANSPOR	RT OIL AND	NATURAL GAS	
PERATOR	·				<u> </u>
Company or Operator	<u>I FILE THE C</u>	DRIGINAL AND 4	COPIES WITH TH	E APPROPRIATE OF	
Lon Mayor		-		Lease Barbara Federe	u – Well No. 1
Unit Letter Section	Township	Range		County	
E 29	19 8		31 B	Bidy	
North Hackberry Te	ites _	-		Kind of Lease (State, F	ed,Fee)
If well produces oil or conde	nsate	Unit Letter	Section	Township	Range
give location of tanks		x	29	19 5	31 E
Authorized transporter of oil 🛐 or con	densate				copy of this form is to be sent)
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Authorized transporter of casing head ga	s 🔄 or dry gas	Date Con-	Address (give add	dress to which approved c	opy of this form is to be sent)
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