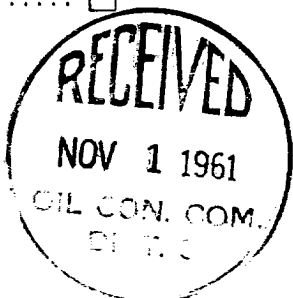


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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator			Lease	Well No.
			"C"	2
Unit Letter	Section	Township	Range	County
P	34	24N	5W	
Pool			Kind of Lease (State, Fed, Fee)	
Ballard Pictured Cliffs If well produces oil or condensate give location of tanks				
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)	
Is Gas Actually Connected? Yes _____ No _____				
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)
If gas is not being sold, give reasons and also explain its present disposition:				
REASON(S) FOR FILING (please check proper box)				
New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/> Change in Transporter (check one)      Other (explain below) Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>				
				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the _____ day of _____, 19____.				
OIL CONSERVATION COMMISSION			By Original Signed By:	
Approved by Original Signed Emery C. Arnold			H. D. HALEY	
Title Supervisor Dist. # 3			Title	
Date NOV 1 1961			Company	
			Address	

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
AZTEC DISTRICT OFFICE		
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