DIS	TRIBUTIO	, 7	0
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U.S.G.S.			1
LAND OFFICE			
TRANSPORTER	OIL GAS	/	
PRORATION OFFI	CE		
OPERATOR		.9	

JUL 31 1962

NEW MEXICO OIL CONSERVATION COMMISSION

FORM C-110

U.S.G.S.			.=.=.				NEW M			(Rev. 7–60)		
TRANSPORTER GAS	/	CEN					_	AND AUTHOR NATURAL GA				
PRORATION OFFICE	9											
Company or Operato	or	FILE	THE ORIG	INAL	AND 4 CO	OPIES W	<u> </u>	E APPROPRIATE (Lease	FFICE	Well No.		
The Atlandic Sections of Section								Homenation (a)	30			
Unit Letter Section Township Range						County						
<u> </u>	31	Marie Marie			"	SHALL STANFOR						
Pool · · · · · · · · · · · · · · · · · ·								Kind of Lease (State,	Fed, Fee)			
If well produces oil or condensate give location of tanks				it Lett	Letter Section			Township	Range	Range		
Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent)												
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in the second of the second se						Willy the control of						
Is Gas Actually Connected? Yes 7 No												
Authorized transpor	rter of casing head	i gas 🗂 or	dry gas	Date		Address	(give add	dress to which approve	d copy of this for	m is to be sent)		
nected					ed	State of the state						
						. 9 %	10 A	\$4.3°				
If gas is not being sold, give reasons and also explain its present disposition:												
										-		
		- ··	DEACONIC	\ EAR	EII INC	(1	. 1 . 1	- 1 1				
REASON(S) FOR FILING (please check proper box) New Well												
		Fransporter (d		• • • •			in Owne explain b	rship	□3			
			Dry Gas			Other	expidin o	erowy				
			Condens					TIL	. 1			
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Remarks								100	V /			
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The undersigned	certifies that th	e Rules and	Regulation	s of th	e Oil Cor	Servatio	n Comm	ission have been co	mplied wi			
The undersigned	certifies that the	e Kules and	Regulation	S OI III	e on cor	3 SEL VALI	on Comm	ission have been co	mpned with.			
	Execute	d this the_	da	ay of _	Q.	19		_, 1962_				
	OIL CONSERVA	TION COM	MISSION		-	1865 T	Ole	Chert R.	Beer			
Approved by						Title						
Title						Company		Years				
	Constant	D				winpan,	•					
Supervisor Dist. # 3					THE TREATMENT OF THE TOTAL SET WAS A							
Date						Address						

. 1. # ⁽¹⁾ (1) ₂ # **##**## (1) \$ 10 \$ 20 \$ 5 10 \$ 20