DISTRIBUTION  ANTA FF  LLE  J.S. G. S.  AND OFFICE  CHANSPORTER  GAS  CHORATION OFFICE  PERATOR	CERTIFICA TO T	TE OF COM	A FE, NEW ME PLIANCE A OIL AND N	XICO ND AUTHORIZ ATURAL GAS	1 - Pile
Company or Operator	FILE THE ORIG	INAL AND 4 CO	PIES WITH THE	APPROPRIATE OFF	Well No.
Unit Letter Section	Township 175	Range	312	County Eddy	
Pool Grayburg-Jackson			I	ind of Lease (State, Fe	d,Fee)
If well produces oil or cond give location of tank	en sate U	nit Letter SW/4	Section 16	Township 178	Range 318
Authorized transporter of oil e or co	ondensate		Address (give add	ess to which approved c	opy of this form is to be sent)
Texas-New Mexico Pip	eline Co.		Box 1510	, Midland, Tex.	
	Is Gas Actu	ally Connected		No	
Authorized transporter of casing head a	gas 🌁 or dry gas 🔃	Date Con- nected	Address (give add	ess to which approved c	opy of this form is to be sent)
Skelly Gil Co.		9-28-59	Bex 1135,	Eunice, N. Mex	•
Change in To	REASON(	s	(please check pr Change in Owne Other (explain b	rship	
New Trans					
The undersigned certifies that the  Execute  OIL CONSERVA	e Rules and Regulation  d this the 21st  ATION COMMISSION	_	By Title Company	, 19 <b>64</b> . Original	Signed By