NUMBER OF COPIES RECEIVED		T		-			······		
OISTRIBUTION			NEW MEX			ION COM SIO	N	FORM C-110	
SANTA FL			SANTA FE, NEW MEXICO (Rev. 7-60)						
							DITATION		
TRANSPORTER GAS						NATURAL G			
PRORATION OFFICE			IU IKAI	13FUR	I UIL AND	NATURAL	A 3		
		FILE THE	ORIGINAL	AND 4 C	OPIES WITH TH	E APPROPRIATE	OFFICE		
Company or Operator						Lease		Well No.	
Sunray DX 011 Company						N.M. State *AO* 1			
Unit Letter				Range 31.1	_	County			
X 16 10					<u> </u>	Kind of Lease (State, Fed, Fee)			
	Bernerl	wa nd a	*.			State	ie, i'eu i'ee/		
Simanola If well produ					Township	Rang	e		
give l	s	<u>x</u>		16	10		3).R		
Authorized transporter o	foil 📰 or c	ondensate			Address (give ad	ldress to which appro	oved copy of this fo	orm is to be sent)	
						P 1905			
		-				Box 1725 and, Texas			
Indiana 011 F	mchasin	<u>company</u>	Actually C	onnecte	a second s				
			· · · · ·	e Con-		ldress to which appro	ved copy of this fo	orm is to be sent)	
Authorized transporter o	f casing head	gas 📃 or dry ga	as nect						
			Vented						
If gas is not being sold,	give reasons	and also explain i	its present di	sposition:					
When a Man	desides a								
Flared - No p	Therine	source from							
		REA	SON(S) FOR	FILING	(please check p	proper box)			
	New Well				Change in Own	ership	· · · · · □		
Change in Transporter (check one) Or						Other (explain below)			
Oil Dry Gas Undesignated well placed in pool.									
	Casing h	ead gas . 🚞 C	Condensate						
Remarks									
The undersigned cert	ifies that the	Rules and Reg	ulations of t	he Oil Co	onservation Com	mission have been	complied with.		
Ine undersigned cere	mes mar me	Rules and Reg							
	Executed	this the	day of.	Febr		, 19 .			
		TION COMMISSI			By //	20			
	CUNSERVA		————			March			
Approved by					Title				
	$I \propto$	VILLE	1						
Title	<u>↓</u>	X/ An	<u></u>		Company	rict Engineer	.		
1111C / /		cr cr	//						
					Q	NAV DY 041 C			
Date					Address DX Oil Company				
					P.	0. Box 128, 1	Hobbs, New J	ferice	
1								-	