UMBER OF COPIES RECEIVED DISTRIBUTION ANTA F: ILE .S.G.S. AND OFFICE		1	S	ANTA FE,	NEW ME	ON COMM `ION EXICO AND AUTHORIZ	(R	RM C-110 ev. 7-60)	
RANSPORTER GAS HORATION OFFICE						NATURAL GAS			
Company or Operator	omico	OII Company	RIGINAL AND	4 COPIES	E.	E APPROPRIATE OF Lease State AD		Well No. 6	
Unit Letter	Section	Township	Ran	32E	<b>_</b>	County Lea			
Pool	22	105		346		Kind of Lease (State, F	'ed,Fee)		
If well produces oil or condensate			Unit Letter		Section	Township	Range	Range	
give location of tanks			1	Addres	<b>22</b>	lOS ddress to which approved copy of this		32E	
Authorized transporter of o		I Company -	Trucks			ghn Bldg Mld			
		ls Gas A	ctually Conn			No	falis form in	to be cant)	
Authorized transporter of c	asing head	gas 📃 or dry gas	Date Con- nected	Addres	s (give add	lress to which approved a	copy of this form is	to be sent)	
	-		-			-			
		REAS	ON(S) FOR FIL	ING (please	check pr	oper box) rship	🗀		
	New Well Change in T Oil	REAS	DN(S) FOR FIL X  Gas	ING (please Chang Other	e check pr ge in Owne (explain b	rship			
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