NUMBER OF COPIES RECEIVED     DISTRIBUTION     SANTA F(     FILE     U.S.G.S.     LAND OFFICE     TRANSPORTER		CERTIFIC		SAN	TAFE	NEW M				ORM C-110 (Rev. 7-60) C. C.
GAS PROBATION OFFICE OPERATOR								AL GAS	28 AM	
Company or Operator Coastal States Gas Producing Company							Lease Skelly State			Well No. <b>3</b>
Unit Letter <b>H</b>	20 1	9-8 Range			3	3-#	County Lea			
Pool Undesignated Kind of Lease (State, Fed, Fee)										
If well produces oil or condensate give location of tanks					3	Section 20	Township	9-8	Range	33 <b>-</b> 2
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent)   Address (give address to which approved copy of this form is to be sent) 306 V & J Tower Building   McNood Corporation Midland, Texas										
		ls Gas Ac	<u> </u>	· · · ·	1		No X	-	· · · · · ·	
Authorized transporter of ca	sing head gas	s or dry gas [		e Con- ted	Addres	s (give ad	dress to whic	h approved copy	r of this form	is to be sent)
If gas is not being sold, giv	e reasons ànd	l also explain its j	present di	sposition:	•					
		<b>Flared</b> REASO					roper box)		·	
	ange in Tran Oil	sporter (check one Dry ( gas . Cond	) Gas			se in Owne (explain t				
Remarks						<u> </u>				
K emark s										
The undersigned certifie					onservat	ion Comn		e been complie	ed with.	
	Executed th	is the	day of.		By	71	64	eilun)	2	
					Title	Frod	iction	Superint	endent	···-
Title	<u>`</u> .				Comp	ny	<u> </u>	Gas Prod		
Date	1UN 22	. भिर्भि	<u></u>		Addres	is	<u>&gt;</u>	Abilene.		