NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FC FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	5	CERTIFIC	CATE OF CO	TA FE, NEW M		FORM C-110 (Rev. 7-60)
PROBATION OFFICE I OPERATOR 2/ FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator	R. D. Collier				Lease MYY State	Well No.
Unit Letter	Section 2	Fownship 1	Range	28	County Edity	
Pool				<u> 40</u>	Kind of Lease (State, Fed, Fee)	
AID (Y.SR.)			Unit Letter	Section Township		Range
If well produces oil or condensate give location of tanks			E	25	17	28
Authorized transporter of oil In or condensate       Address (give address to which approved copy of this form is to be sent)         Generation Pipe Line Co       Image: Address (give address to which approved copy of this form is to be sent)         Is Gas Actually Connected? Yes No X						
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent) If gas is not being sold, give reasons and also explain its present disposition:						
Vented- TSTM REASON(S) FOR FILING (please check proper box)						
New Well       Change in Ownership         Change in Transporter (check one)       Other (explain below)         Oil       Dry Gas         Casing head gas       Condensate         Condensate       To show disposition of gas						
Remarks Remarks JAN 2 8 1964 D. C. C. ARTEBIA, OFFICE						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the $\frac{27}{4}$ day of $1000000000000000000000000000000000000$						
By						
Approved by	L (24171V				duction Clerk	
Title ML AND GAS INSPECTOR				Company R. D. Collier		
Date J	AN 2 9 1964			Address B	ox 798, Artesia,	N.M.