|  |                                       |  | •                            | : -  | 6  |                                 |  |
|--|---------------------------------------|--|------------------------------|--|--|---------------------------------|--|
| UL KAL COPIES RECEIVED<br>DISTRIBUTION<br>SANTA L'<br>FILE<br>US.U.L<br>LAND OFFICE<br>TRANSPORTER<br>OIL<br>GAS<br>PRORATION OFFICE<br>OPERATOR |                                       | CERTIFIC                               | SAN<br>ATE OF CO<br>TRANSPOR | TA FE, NEW M<br>MPLIANCE<br>T OIL AND            | TION COMMISSION<br>AEXICO<br>AND AUTHORIZ<br>NATURAL GAS | Entre                           |  |
| Company or Operator  | <b>Bakes 1</b>                        |  | SINKE AND 4 C                | OFILS WITH T                                     | Lease  | THE No.                         |  |
| Unit Letter  |                                       |  | Range                        |  | State Gas Unit<br>County                                 |                                 |  |
| Pool   | 29                                    | 17-5                                   |                              | 28-3   | Kind of Lease (State, Fe                                 | d Feel                          |  |
| Impire Penna   |                                       |  |                              |  | State  |                                 |  |
|  | duces oil or cond<br>location of tank | cubarc                                 | Unit Letter                  | Section  | Township<br><b>17-8</b>                                  | Range<br><b>285</b>             |  |
| Authorized transporter   | of oil or co                          | ndensate 🚨                             |                              | Address (give a                                  | ldress to which approved co                              | opy of this form is to be sent) |  |
| Continental 1  | Pipe Line (                           | amany                                  |                              | Bez 367.   | rtegia, New Maxi   | <b>A0</b>                       |  |
|  |                                       |  | ally Connecte                |  | · · · · · · · · · · · · · · · · · · ·                    |                                 |  |
| Authorized transporter of casing head gas or dry gas Date Con-<br>nected   |                                       |  |                              |  | ddress to which approved co                              | opy of this form is to be sent) |  |
| Southern Union Gas Company   |                                       |  |                              | Carlsbad, New Mexico                             |  |                                 |  |
| If gas is not being sol  |                                       | ······································ | sent disposition:            |  |  |                                 |  |
| RE. SON(S) FOR FILING<br>New Well<br>Change in Transporter (check one)<br>Oil Dry Gas<br>Casing head gas . Condensate                            |                                       |  |                              | (please check proper box)<br>Change in Ownership |  |                                 |  |
| Remark s   |                                       |  |                              |  |  |                                 |  |
| The undersigned cer  |                                       |  |                              | onservation Com                                  | mission have been comp                                   | lied with.                      |  |
|  |                                       | ION COMMISSION                         |                              | By   |  |                                 |  |
| Approved by  | isset                                 |  | Title Area                   | ginal Signed AM:<br>EL STALEY<br>Superintendent  |  |                                 |  |
| Title<br><b>OfL AND E</b>  | Á                                     |  |                              | merican Petroleu                                 | n Corporation  |                                 |  |
| FEB 9 1961   |                                       |  |                              | Address<br>Box                                   | a. Kobbs, New Me   | 100                             |  |

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