

**NEW MEXICO OIL CONSERVATION COMMISSION**  
**Santa Fe, New Mexico**

**REQUEST FOR PERMISSION TO CONNECT WITH PIPE LINE**

This request should be SUBMITTED IN TRIPLICATE. See instructions in the Rules and Regulations of the Commission.

Artesia, New Mexico  
Place

9-10-41  
Date

OIL CONSERVATION COMMISSION,  
 Santa Fe, New Mexico.

Gentlemen:

Permission is requested to connect REPUBLIC PRODUCTION COMPANY Yates  
Company or Operator Lease

Well No. 4 in SE<sub>4</sub> of Sec. 33, T. 17 S, R. 28 E, N.M.P.M.

Artesia Field, Eddy County, with the pipe line of the

New Mexico Pipe Line Company Artesia, New Mexico  
Pipe Line Co. Address

Status of land (State, Government or privately owned) State

Location of tank battery 2640 feet N of S line, 2310 feet E of W line.

Description of tanks Two 250 Bbl. Steel Bolted Tanks.

Logs of the above wells were filed with the Oil Conservation Commission 9-10-, 1941

All other requirements of the Commission have ~~(have not)~~ been complied with. (Cross out incorrect words.)

Additional information:

Yours truly,

Permission is hereby granted to make pipe line connections  
 requested above.

OIL CONSERVATION COMMISSION,

By Roy Yarbrough

Title Oil & Gas Inspector

Date \_\_\_\_\_

REPUBLIC PRODUCTION COMPANY  
Owner or Operator

By N. M. BAIRD mm Baird

Position Superintendent

Address Box 547, Artesia, New Mexico

NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES  
BUREAU OF COMMUNITY CARE

REQUEST FOR PERMISSION TO CONNECT WITH FIRE LINE

TO: THE CHIEF OF THE NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES, BUREAU OF COMMUNITY CARE

FROM: [Name] [Address] [City] [State] [Zip]

RE: [Subject]

DATE: [Date]

TO: [Name]

1. I am writing to you to request permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

2. I am a [Name] [Address] [City] [State] [Zip] and I am [Age] years old.

3. I am currently [Status] and I am [Occupation].

4. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

5. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

6. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

7. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

8. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

9. I am requesting permission to connect with the fire line of the New York City Department of Social Services, Bureau of Community Care.

Very truly yours,

[Signature]

Very truly yours,  
[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]