NUMBER OF COPES ARCEIVED			
SANTA F.		COMMISSION	FORM C-110
0.5.0.5	TA FE, NEW M	•	(Rev. 7-60)
		NATURAL GAS	ATION Z'
PLOCATION OFFICE			1/
FILE THE ORIGINAL AND 4 C	OPIES WITH TH	<u>LE APPROPRIATE OFF</u> Lease	<u>ICE</u>   Well No.
Secony Mebil Oil Company, Inc.		Federal "PA"	1
Unit Letter Section Township Range C 10 16S	30E	County Eddy	
Pool Honshau Greyburg, West		Kind of Lease (State, Fe Federal	d,Fee)
If well produces oil or condensate give location of tanks	F 3	Township 368	Range 30E
Authorized transporter of oil 📰 or condensate 🗌	Address (give ad	ldress to which approved co	ppy of this form is to be sent)
Continental Pipe Line Company	Box 410,	Artesia, New Ma	xico
Is Gas Actually Connecte	d? Yes X	_ No	
Authorized transporter of casing head gas 🖾 or dry gas 🗌 Date Con- nected	Address (give ad	ldress to which approved co	opy of this form is to be sent)
Phillips Petroleum Company	Box 2130	, Hobbs, New Mex	ico
If gas is not being sold, give reasons and also explain its present disposition:			
REASON(S) FOR FILING	(please check p	roper box)	······································
REASON(S) FOR FILING		proper box) ership	• 🛛
New Well	Change in Own Other (explain	ership	
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New Well	Change in Own Other (explain From: Joh	ership below) n H. Trigg R	ECEIVED AUG 31 1964 D.C.C. ARTEBIA, OFFICE
New Well	Change in Own Other (explain From: Joh	ership below) n H. Trigg R	ECEIVED AUG 31 1964 D.C.C. ARTEBIA, OFFICE
New Well	Change in Own Other (explain From: Joh	ership below) n H. Trigg R request temporary	ECEIVED AUG 311964 D.C.C. ARTEBIA, OFFICE
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