| NUMBER OF COPIES RECEIVED | | EXICO OIL | CONSERVAT | ION CL. AISSION | FORM C-110 |
|--|----------------------------------|--------------------|--|------------------------------|-------------------------------|
| | | SANT | TA FE, NEW M | EXICO | (Rev. 7-60) |
| U.8.G.S. | | | MPLIANCE | AND AUTHORIZA | TION |
| TRANSPORTER GAS | | | | NATURAL GAS | |
| PRORATION OFFICE | | | | | |
| L | FILE THE ORIGINA | L AND 4 C | OPIES WITH TH | Lease | Well No. |
| Company or Operator General American 011 | Company of Taxas | | | Keely C | 14 |
| Unit Letter Section | Township | Range | | County | |
| E 2 26 | 175 | 175 | | 29E Eddy | |
| Pool | | | Kind of Lease (State, Fed, Fee) Federal | | |
| If well produces oil or condensate Unit Letter | | etter | Section Township Range | | |
| give location of tanks | | K | 26 | 175 | 29E |
| Authorized transporter of oil rondensate | | | | | |
| | | | | | |
| Continental Pipe | Line | | | Artesia, New Me | xico |
| | Is Gas Actually | Connecte | | _ No | |
| Authorized transporter of casing head | | Date Con- ected | Address (give ad | ldress to which approved cop | y of this form is to be sent) |
| | ľ | LLICU | | | |
| Phillips Petroleum Co. 3-1-62 | | | Bartlesville, Oklahoma | | |
| If gas is not being sold, give reasons | and also explain its present | disposition: | | | |
| New Well | | | Change in Ownership Other (explain below) RECEIVED | | |
| Casing | Casing head gas . 👿 Condensate 📺 | | OCT 2 5 1962 | | |
| | | | D. C. C. ARTESIA, OFFICE | | |
| Remarks | | | | | |
| I Chiaik S | | | | | |
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| | | | | | - 1::.h |
| The undersigned certifies that th | | | | | ea wita, |
| 1 | ed this the 22nd day | of | October By | , 19 _62 . | |
| } | ATION COMMISSION | | | t Ma | h. |
| Approved by ML annitrong | | | R. J. Heard K. Huent, Title | | |
| Title | VILONG | | Company | t Superintendent | |
| | | | | | |
| OIL ADD GAS INSPECTOR | | | General American Oil Company of Texas | | |
| Date | 7 | | Address | _ | |
| 00 | CT 2 9 1962 | | P. O. R | ox 416. Loco Hills | . New Maxico |
| 4 | | | | VAL MALVE MUVV MALANT | |