NUMBER OF COPIES RECEIVED 5 DISTRIBUTION SANTA FC FILE U.S.G.S LAND OFFICE TRANSPORTER OIL GAS PROPATION OFFICE OPERATON Company or Operator Unit Letter H Pool	Section	CERTIFI	CATE OF CO O TRANSPOR	MPLIANCE COPIES WITH TH		S Well No.
Authorized transporter of oil or condensate Source: Address (give address to which approved copy of the state of the						
Is Gas Actually Connected? YesNo Authorized transporter of casing head gas or dry gas Date Connected 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: REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Other (explain below) Oil Dry Gas RECELVED Casing head gas . Condensate DEU 7 1964						
The undersigned certif OIL (Approved by	ies that the Executed CONSERVAT		ations of the Oil C day of	By Title Company	1	
DEG 7	196%				St. B. Harrison	