NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FI FILE / - U.3.G.3. LAND OFFICE 0IL TRANSPORTER 0IL / GAS / PRORATION OFFICE	5	CERTIFIC	s ATE OF O TRANSP	ANTA FE COMPL ORT OI	, NEW ME	AND AUTHORIZA NATURAL GAS	TION	FORM C-110 (Rev. 7-60)	
Company or Operator		DRIGINAL AND 4 COPIES WITH TH			Lease Well No.   State E 1				
S. P. Yates Unit Letter Section Township Range					1	County			
<u> </u>	в <b>25 1</b> 8 S			27 E	<u>r</u>	Eddy			
Pool Artesia						Kind of Lease (State, Fed, Fee) State			
If well procingive lo				Section	Township Range				
		<u> </u>	Addre	25 ess (give add	Itess to which approved copy	y of this fo	orm is to be sent)		
Authorized transporter of oil 🕱 or condensate						Box 410			
Contir	nental Pi	peline Co.				a, New Mexico			
Is Gas Actually Connected? Yes X No									
Authorized transporter of casing head gas 🗶 or dry gas Date Con- nected									
_					Box 791				
Phillips Petroleum8-1960MidlanIf gas is not being sold, give reasons and also explain its present disposition:						, Texas			
REASON(S) FOR FILING (please check proper box)     New Well   Change in Ownership     Change in Transporter (check one)   Other (explain below)     Oil   Dry Gas     Casing head gas   Condensate									
	RECEIVED								
							JAN	9 1964	
Remark s							ARTESI	), U, A, OFFI <b>CE</b>	
The undersigned cert	ifies that the F	lules and Regulat	ions of the (	Dil Conser	vation Com	mission have been compli	ed with.		
	Executed	this the 7th	_day of	Janua	ry	, 19 <u>_64</u> .			
01L		ION COMMISSION		By	C.		-		
Approved by	- anii	strong		Tit	e Agent	the Hamme	nd		
Title	dil està est	WIRCHIG WIRCONG			S. P.	Yates			
Date JAN	9 1964	<u>,                                     </u>		Add	<sup>1ress</sup> 309 (	arper Building			