NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA F1 FILE U.3 G.3 LAND OFFICE TRANSPORTER OIL GAS PHORATION OFFICE OPERATOR	CERTIFIC	CATE (SANT OF CO NSPOR	TA FE, NEW ME MPLIANCE A TOIL AND N	AND AUTHORIZAT	FORM C-110 (Rev. 7-60)
	FILE THE O	RIGINAL	AND 4 C	<u> </u>	APPROPRIATE OFFICE	TT _11 N1
Company or Operator				~	Lease Twitt, Lakes	Well No.
Unit Letter Section	Township	127	Range	.	County Eddy	
Pool				[·	Kind of Lease (State, Fed, Fed	e) Costa
If well produces oil or condensate give location of tanks				Section	Township	Range
Authorized transporter of oil i or co		1		Address (give add	l lress to which approved copy o	f this form is to be sent)
Dep to realized that points in the second					00 367 - rtusic, a	ew Hexico
	ls Gas Ad	ctually C	Tonnecte	d? Yes	No	
Authorized transporter of casing head g	· · · · · · · · · · · · · · · · · · ·	·····	e Con-		lress to which approved copy o	f this form is to be sent)
Change in Tr. Oil	REASO	 e) Gas		(please check pr Change in Owner Other (explain be	rship	TESIA. DEFICE
Remarks To	snow the ci	spo si t	ion of	ças.		- Ral-
The undersigned certifies that the				onservation Comm	ission have been complied	with.
Executed	this the	day of .	<u> </u>	moder,	, 19'.	
	TION COMMISSION				11ssion have been complied	<u>م</u>
Title	••			Company	dersey & Compar	
Date - 1303				Address P. O.	, Box 316, Artesia,	New Mexico