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PRORATION OFFICE											
OPERATOR			FILE THE	ORIGINAL	AND 4 C	OPIES W	ITH TH	E APPROPRIATE O	FFICE		
Company or Op	Company or Operator							Lease		Well No.	
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Unit Letter		Section	Township		Range		<u>+</u>	County	, va.ug. y .	······	
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	tonio								Ste	**	
If well produces oil or condensate Unit Letter							Section	Township	Ran		
give location of tanks											
Authorized tran	sporter of	oil 🗔 or	condensate			Address	(give add	dress to which approve	d copy of this	form is to be sent)	
nuthonized that	Authorized transporter of oil or condensate										
Continental Pipeline Co. P. O. Box 410 Artesia, N.M.											
Is Gas Actually Connected? Yes NoNo											
Authorized transporter of casing head gas 🚺 or dry gas 🗌 Date Con- Address (give address to which approved copy of this form is to be sent)											
Authorized transporter of casing head gas a of dry gas incred											
Phillips Bartsville, Oklahoma											
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										
Change in Transporter (check one)							Other (explain below)				
Oil Dry Gas To bring records up to late on										te on	
	Casing head gas. Condensate										
	disposition of gas.										
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