MBER OF COF	DIES RECEIVED		N	EW MEXICO OI	LCONS	ERVATI	ON JMMISSION		
TA FL E G.S. NO OFFICE				CATE OF CO		NCE	AND AUTHORIZA	TION	
ERATOR	21		FILE THE OF	RIGINAL AND 4	COPIES	1	APPROPRIATE OFFI	CE	
ompany (	or Operator	liezadat	t OSI Severa	7			Lease VIEU		
······································			Township Range		29	×	County Filtr		
Pool	1.000 85.71s						Kind of Lease (State, Fed, Fee) State		
	If well produc			Unit Letter		Section 2	Township INS	Range	
Authorized transporter of oil or condensate						Address (give address to which approved copy of this form is Artesia, New Harico			
			ls Gas Ac	tually Connect	ed? Ye	s	No		
uthorize	ed transporter of	casing head	gas 🚺 or dry gas	Date Con- nected	Address	(give add	ress to which approved cop	by of this form is to	
							RECEI	VEE	
f gas is r			and also explain its	present disposition	:		RECEI JUL 3		
	Ho gas p	Portusai.					JUL 3	196 <b>3</b>	
							D. C. (		
							ARTESIA, DI	FICE	
		Change in Tr Oil	ansporter (check one Dry ead gas . Conc	e) Gas		e in Owne	rship		
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inc und	crargaeu eero		this the						
			TION COMMISSION		By	100	_, 19 _63 malk 10	Friend	
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Title	• <u>•</u> ••••••••••••••••••••••••••••••••••	SS GAS INS	PECTOR		Compa	-	lessont 011 Compe	xy	
Date	ZUN 3	1963			Addres		rtesia, Sev Meri	.00	