NUMBER OF COPIES RECEIVED O DISTRIBU ION O SANTA FI / / FILE / / U.S.G.S.	CERTIFICA	SAN [®] TE OF CO	TA FE, NEW M MPLIANCE		HORIZAT		ORM C-110 (Rev. 7-60)
PRORATION OFFICE	FILE THE ORIGI	NAL AND 4 C	OPIES WITH T	HE APPROPRI	ATE OFFIC	E	
Company or Operator		Lease W L H G #450 Well No. 1 - 5			Well No. 2 - 5		
Init Letter Section Township Range		36 R	County Bacy				
Pool Lord KEILB				Kind of Lease	(State, Fed E	ee)	
If well produces oil or conde give location of tanks	nsate Un	it Letter	D Section	7	195	Range	30 E
Authorized transporter of oil 🔄 or cor Pouse Nam Marileo Fig	a lina		M	Address to which a		oj inis jon	. 15 10 00 sent)
Authorized transporter of casing head g	Is Gas Actua as or dry gas	Date Con- nected		address to which	approved copy	of this for	n is to be sent)
Change in Tra Oil	REASON(S ansporter (check one) Dry Gas ad gas . Condens	·····	G (please check Change in Ov Other (explai	vnership			<u>3 1003</u> 3. C. 5. office
The undersigned certifies that the		()	Conservation Co		been compli		000 Hills Ini
	TION COMMISSION		the second se	lonale		Su	and
Approved by <u> <u> </u> </u>			Title	Production Neurant Oi	Clark		
Date July 3 1963			Address	Artesia, N	les Mexic	0	