UMB R OF COPIES RECEIVED	CERTIFICATE O	SANTA FE. F COMPLI	NEW ME			FORM C-110 (Rev. 7-60)
PROFATION OFFICE	FILE THE ORIGINAL A	ND 4 COPIES	итн тн	APPROPRIATE C	OFFICE	
Conpany or Operator				Lease		Well No. 24 - 4
Unit Letter Section_			8	County DRAY		
Pool Loso Rills			r	Kind of Lease <i>(State</i>	, Fed Fee)	
If well produces oil or condensate give location of tanks		0	Section 7	Township 18	Rar	^{age} 30 B
Authorized transporter of oil D of co			•	lress to which approv		form is to be sent)
Sense New Mouico Pip			E	dland, Taxas		
	Is Gas Actually Co	nnected? Y	es 🕺	No		
At thorized transporter of casing head g	as or dry gas Date C nected	1	s (give add	tress to which approv	ed copy of this	form is to be sent)
Change in Tr Oil	REASON(S) FOR	Char Othe		ership	ARTESIA,	
Trant ib. 24 Wall M 330/S 990/E 16 The undersigned certifies that the Executed	- 048468		tion Com		complied with	
Approved by	4	Title	Marcar			
		l.	S. James and	A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERTY AND A REAL PROPERTY A REAL PROPERT		
Title	ECTOR	Comj	any	dnetica Cleri ecet Oil Cou		

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