I 36 Pool Culwin If well produces oil or conder give location of tanks	CERTIFICATE O TO TRAN FILE THE ORIGINAL A Township 18 S	SPORT OIL A AND 4 COPIES WITH Range 30 B er I	VATION C MISSION W MEXICO CE AND AUTHORIZA ND NATURAL GAS H THE APPROPRIATE OFFI Lease State MEDM County County Eddy Kind of Lease (State, Fed State 18 S ve address to which approved co	CE ARTESIA, DFFICE Well No. 3 Z I,Fee) Range 30 E
Authorized transporter of oil To condensate				
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent) 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 Oil Oil Try Gas Casing head gas Condensate				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the <u>17</u> day of <u>JANUARY</u> , 1964. By				
OIL CONSERVAT	ion commission ustroniq	Title Alist Company	Reans by Gont. Prod. Sept.	Ignion
Date JAN 18-61		Address Box 1	29, Artesia, New Mex	ico