NILUI TH THE COPIES RECEIVED DISTRIBUTION SANTA FI FILL U.S.U LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE COERATOR	CERTIFICATE TO TRAN	SANTA FE OF COMPLI NSPORT OII	NEW ME	AND AUTHORIZATION NATURAL GAS	FORM C-110 (Rev. 7-60)
Company or Operator D & E WELL SERVICE			1	TOOMEY ALLEN	Vell No.
Unit Letter 0 Section Township Range Range				County Eddy	
Pool Artesia Queen Graybu	Pool Artesia Queen Grayburg San Andres			Sind of Lease (State, Fed Fee)	
If well produces oil or condensa give location of tanks	TT-is T -s	tter J	Section 28	Township 18-8 Rang	^{se} 2 5- E.
Authorized transporter of oil 🕱 or conde Continential Pipe Lin			Artes	ress to which approved copy of this j	form is to be sent)
Authorized transporter of casing head gas		e Con- Addres		ress to which approved copy of this f	form is to be sent)
If gas is not being sold, give reasons and a None being produc	æð.	R FILING (please	check pro	oper box)	
Change in Transp Oil	porter (check one) Dry Gas gas. Condensate	Other	ge in Owner (explain be		E L ME D
Remarks From Graridge Corr			-		ELA, EFFICE
The undersigned certifies that the Rul	3m1	Decemb		ission have been complied with.	
Executed thi	is the day of.	By	-	5 Thank	Ð
Approved by		Title	Be	N. Funcy, Jr.	
Title OfL AED GAS INJERI	/- /	Compa	ny D	& E Well Service	HE
Date		Addre	ss P.(OJ Bex 196 Artesia, N	• M.