<u>F</u>			Y			
DISTRIBUTION DISTRIBUTION IFFICE PORTER LITION OFFICE		SANT	TA FE, NEW A	TION COMMISSION MEXICO AND AUTHORIZATI NATURAL GAS	FORM C-110 (Rev. 7-60)	
	FILE THE	ORIGINAL AND 4 C	OPIES WITH TI	HE APPROPRIATE OFFICE		
npany or Operator	on hary a, an	imour By Dyte.	Sez		Well No.	
it Letter	Section Township 9 198	Range 28E		County Bddy		
ool Artesia	<u> </u>			Kind of Lease (State, Fed, Fee)		
If well produce give loc:	Unit Letter	Section 9	Township 198	Range 281		
Authorized transporter of c				ddress to which approved copy of		
		nected	Address (give a	O4 Hobbs N.M No ddress to which approved copy of 1ps Pet, Company		
REASON(S) FOR FILING New Well			(please check proper box) Change in Ownership K Other (explain below) RECEIVED			
	JUL 3 1964					
				D. C. Artesia, d		
			-	.1 Company effects		
The undersigned certifi	·			nmission have been complied w	vita.	
	Executed this the			, 19 <u>64</u> . Salmon & Son		
Approved by	Cruce Izere		Title Part	Q, Salmen My	g Salar	
Date AUG 4			Address Rt,	2, Box 970 Ode	ssa, Texas	

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