

O. C. D.
ARTESIA, OFFICE

Operator

Address

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Change in Transporter of:

041

Casinghead Gas ☐

Dry Gas

Condensate

Other (Please explain)

Change to be effective 12-1-81

Former Transporter - Basin, Inc.

**If change of ownership give name
and address of previous owner**

18-7272 2/23/84

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Area Supervisor

(T44)

November 23, 1981

(Date)