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TRANSPORTER GAS PROBATION OFFICE OPERATOR					Υ.	
Compare Di	FILE THE ORIGI	NAL AND 4 C		APPROPRIATE OFFI	ARTERIA	
Unit Letter Segion	Township) 8	Range	30 E	County Eddy		
Pool Dos Hermanos Yates Seven Rivers			-	Kind of Lease (State, Fed.Fee)		
If well produces oil or conc give location of tank		Letter	Section	Township 20 S	Range 39 E	
Authorized transporter of oil 📕 or co	ondensate	<u> </u>	Address (give add	ress to which approved cop	by of this form is to be sent)	
The Permiss Corporati	C 8		P. O. Uce Midland			
	ls Gas Actual	ly Connecte	d? Yes	No	·····	
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)						
. al anda						
Change in Tra Oil Casing he Remarks	REASON(S)	· · · · □ • · · □ • · · □	Other (explain be	ship		
The undersigned certifies that the 1					ad with	
				61	ea with.	
Executed OIL CONSERVAT	this the $\frac{17 \text{ th}}{\text{day}}$	of	By	_ , 19	7	
Approved by	······		Title Orner	hn 11.0	nigg	
Title OIL AND GAS INSPEC			Company John H. Tr	igg		
JAN 2 4 1951 Address P. O. Box 5629, Roswell, New Max					or Maxies	