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SANTA FE		I		
FILE				
U.S.G.S.				_
LAND OFFICE				
TRANSPORTER	OIL			
HANSFORTER	GAS		1	
PHORATION OFFIC	CE			
OPERATOR				_

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OPERATOR		J							
		FILE THE ORIGIN	NAL AND 4 COPIES	WITH TH	E APPROPRIATE (OFFICE			
Company or Operator					Lease Well No.				
	Seally Cill Company				East Histi Unit 39				
Unit Letter	Section	Township	Range		County				
<u> </u>		25 25 11			Sen Juan				
Pool		4. 7			Kind of Lease (State,	, Fed, Fee)			
If wall prod	luces oil or cond	****	Letter	Section	Township	Range	· · · · · · · · · · · · · · · · · · ·		
	location of tank	denoute			20 1120112	, cange			
Ancharizadora	-4 -:1 []		Addre	ss (give ad	dress to which approve	ed copy of this for	m is to be sent)		
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**************************************	8	e Company Is Gas Actuall	ly Connected?	es	No	COLLA SION ED	und.eo		
Authorized transporter		1	1		dress to which approve	ed copy of this for	m is to be sent)		
nadionzed transporter	or casing nead	gas For dry gas	nected		areas to anoton approve	, a copy of mile fair	10 10 00 00		
277 Lana Note	man & Page 1	Proposition (Control of Control o	P.	O . Pox	990 - Farmine	rton. New M	arino		
If gas is not being sold	, give reasons	and also explain its preser	nt disposition:		A STATE OF THE STA		W. Flass W. W		
		REASON(S)	FOR FILING (pleas	e check pi	roper box)				
	New Well		Chan	ge in Owne	rship	🖼			
		an sporter (check one)		(explain b		Land I			
		Dry Gas		•	•				
Casing head gas . Condensate .									
Remarks									
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The undersigned cert	tifies that the	Rules and Regulations	of the Oil Conserva	tion Comm	ission have been co	mplied with;	CON CON		
						7	COM. COM		
	Executed	this theday	of — Outobe	· <u>}</u> ·			865 T. 2 /		
011	CONCEDVAL	TION COMMISSION	By	3		7			
	CONSERVAI	TION COMMISSION		- 74	() () () () () ()				
Approved by			À						
(A.2.2. 1.60)			Title						
Uriginal Si	gned Eme	ery C. Arnold		lis	trict Superint	tendent			
Title			Compa		*				
				_					
Supervisor Dis	# # 3				lly Oll Couper	ŊŸ			
Date	// 		Addre	ss					
001 1 4 1963					خ تعد دريكاسيمان _ري	5 % 5 * 0 5 *			
				P.O	. Box 700, Hol	obs, New Me	naco		