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NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE OIL GAS PRORATION OFFICE	CERTIFIC	SANT ATE OF CO	ra fe, new m M PLIANCE	ION COL ASSION EXICO AND AUTHORIZA NATURAL GAS	FORM C-110 (Rev. 7-60)
OPERATOR	FILE THE ORI	GINAL AND 4 C	OPIES WITH TH	IE APPROPRIATE OFFI	
Company or Operator Sinolair C	SINCLAIR OF	CORPORA		Lease Lea 511	Gem Vell Ng. 4.
Unit Letter K Section	Township 95	Range	38E	County Lon	
Pool Sweyer-San And			Kind of Lease (State, Fed, Fee)		
If well produces oil or cor give location of tan	densate U	Jnit Letter	Section	Township 93	Range 33E
Authorized transporter of oil or			Porrisu Box 4157 Midland,	Сотр. Техал	py of this form is to be sent)
		ally Connecte	d? Yes <u>A</u>	_No	py of this form is to be sent)
Authorized transporter of casing head	fally.	Date Con- nected	Address (give ad Sinclass Box 147	G Story (Terrs Julia	589
Change in 7 Oil	Fransporter (check one) Dry Ga nead gas . Conder	s	Change in Own Other <i>(explain</i>	ership	
Remarks Gas well which	hes consensed	to maire con	densat ó .		
The undersigned certifies that th		Ont	onservation Com	mission have been comp	lied with.
	this the <u>9th</u>	day of	By	<u> </u>	
Approved by		•	Title	<u>V</u>	r)
Title			Company	Hat. Supt. Air Cil & Cas Co	uitertà
Date			Address 520 T	Broadsay, Hobbs	y NaMa