NUMB" 4 OF COPIES RECEIVED LISTRIBUTION SANTA F. FILE UISG S LAND OFFICE OL TRANSPORTER GAS HIDRATION OFFICE OPERATOR	CERTIFICA TO T	SAN TE OF CO RANSPOR	TA FE, NEW M MPLIANCE TOIL AND	AND AUTHORI NATURAL GAS	
Company or Operator	FILE THE ORIGI	INAL AND 4 C	OPIES WITH TH	LE APPROPRIATE O	
The Atlantic Refining Company				Lease Well No. Stats AS	
Unit Letter Section Township Range			E County Bocaevelt		
Pool Allison Penn			Kind of Lease (State, Fed, Fee)		Fed,Fee)
If well produces oil or conde give location of tanks		it Letter	Section	Township	Range
Authorized transporter of oil	idensate		Address (give ac	ldress to which approved	l copy of this form is to be sent)
Nainelia Pipe Line Com	bol.À.		Na Gulata	965 - Ballan,	Ť.zes
	Is Gas Actua	lly Connecte	d? Yes 🔟	_ No	
Authorized transporter of casing head gas g or dry gas Date Con- nected			Address (give address to which approved copy of this form is to be sent)		
Sinci can Gil & Com Com If gas is not being sold, give reasons ar		1-13-19	1: C. Box	98. – Inden	(Lahoma
Oil	asportet (check one) Dry Gas. d gas. Condense		Other (explain		
Remarks					
The undersigned certifies that the F	ules and Regulations	s of the Oil Co	nservation Com	nission have been cor	nplied with.
Executed	his the <u>13th</u> da	y of	s\$81	, 19	
OIL CONSERVATI			By	······	d, L. Adada
Approved by			Title		
Title ()			Company	o de A fin to; *	
Date 🔫			Address	x 1972 - Scare	li Nev Merico