NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FI FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR Company of Operator FJ Chore	CERTIFICAT	E OF COMPL	IANCE AN LANCE AN LAND NA	co     * D AUTHORIZ/	CE Well No.
Unit Letter Section Township Range			County_		
H 18	85	35 E		Kind of Lease (State, Fed, Fee)	
Milinesano-San A	TT-:-	Letter	<u> </u>	wnship	Range
If well produces oil or condensate give location of tanks		B	18	88	<b>35 E</b> py of this form is to be sent)
Authorized transporter of oil X Magnolia Pipe Lin	s Company	E	ox 900, Da	llas 21, Texa	
	Is Gas Actuall	,	es No.	to which approved co	py of this form is to be sent)
Authorized transporter of casing head gas (x) or dry gas Bineleir Oil & Company Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Connected 11/9/62 Address (give address to which approved copy of this form is to be sent) Connected 11/9/62					
REASON(S) FOR FILING (please check proper box)   New Well Change in Ownership   Change in Transporter (check one) Other (explain below) I   Oil Dry Gas   Casing head gas Condensate					
Remarks The undersigned certifies that	the Rules and Regulations	of the Oil Conserv	ation Commissi	on have been compl	ied with.
	uted this the <b>21st</b> day	_		1963	
	VATION COMMISSION	By	JI L gent	Armich	
Fite	<u> </u>	Com E	L Chorre E:	ploration, In	nc.
Date			DIL REPORTS & C	ias services New Mexico	