Company or Operator Unit Letter Color Company or Operator Construction	CERTIFICAT TO TR FILE THE ORIGIN Miship 8-5 3 - 08.2	SANT E OF COM ANSPOR AL AND 4 CO Range	T OIL AND	EXICO AND AUTHORI NATURAL GAS	FICE
give location of tanks I IO B=D IS=E Authorized transporter of oil from or condensate Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil from or condensate Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil from or condensate Address (give address to which approved copy of this form is to be sent) Authorized transporter of oil from or condensate BOX FUC = Dellags, from set to be sent)					
	Is Gas Actuall	y Connecte	d? Yes	No	
Authorized transporter of casing head gas f Contractions If gas is not being sold, give reasons and a	Address (give ad	Address (give address to which approved copy of this form is to be sent) The LSSSS States and the sent of the sen			
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Oil Casing head gas Condensate Tank Battery location changed from D=30-8-35 to I=30-8=35					
Remark.s		FR(TO: EFF	AMCCO PR ECTIVE: 2.1	ERICAN PETR. ODUCTION CO. 71	
The undersigned certifies that the Rul	es and Regulations s the <u>Stab</u> day				mplied with.
Executed thi OIL CONSERVATIO		10 1	By		
Approved by Title			V. Title Area Sui Company	igtael Signed b y: E. STALEY	
Date			Address	dean ^P etroleum Hobbs, Neu de	