NUMBER OF COFIES RECEIVES Instruments SANTA - FILE U.S.C.S LANE SPRICE OF CARSENTS HIGHATION OFFICE OF Company of Operator Jack L. MC Unit Letter Section X7 Pool Undesignated If well produces oil or of	CERTIFICATE TO TRA FILE THE ORIGINAL Clellen Township	Range		(Rev. 7-60) (Rev. 7-60) (Rev. 7-60) C. OFFICE Well No. 2 Well No. 2 Wr ] te, Fed,Fee)
give location of t	Is Gas Actually	Address (	give address to which appro	ved copy of this form is to be sent)
Authorized transporter of casing head gas or dry gas Date Connected Nearburg & Ingritic If gas is not being sold, give reasons and also explain its present disposition:				
Change ir Oil , . Casin	REASON(S) FO	Other (e.	heck proper box) in Ownership	
Remarks The undersigned certifies that	the Rules and Regulations of	the Oil Conservatio	1 Commission have been	complied with.
	ted this the day of		. 19 🚮 .	-
	ATION COMMISSION	By		
Approved by		Title	Joe L. ME	20lla_
Inte		Company	Jack L. McClell	an
Date	**`	Address	Post Office Box Roswell, New Me	