(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS (1) 3 30

William Residence	1.02. Note 15	TO TRA	ANSPOL	RT OIL AN	ו אמו טא	UKAI	L GAS	1.1	2:30	
Company o	or Operat	or Gu	1f 041 (erporation	<u> </u>		Le	ase Ch	aves Sta	te #BK# (
Well No	1	_Unit Le	tter	S 34 T	14-sR	31-E	Pool_0	apreck	Queen	
County	Chaves		Kind	d of Lease	(State,	Fed.	or Pa	itented)	State	
If well pro	duces oi	l or cond	ensate,	give locat	tion of t	anks:	Unit	K S 34	T14=5	R 31-E
Authorized										
Address		Box 125,	Artesi	a, N. M.					- 4.	
	(Give a	address t	o which	approved	copy of	f this	form i	is to be	sent)	
Authorized	d Transp	orter of (Gas							
Address										
If Gas is r	(Give a	address t	o which	approved	copy of	f this in its	form i prese	is to be ent disp	sent) osition:	
				Will be f						
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Reasons for Change in	or Filing	:(Please	cneck p	roper box	.) Drv	Gas	,) C'	head () Conde	
Change in	1 ranspo	rier or (C	meck O	nej. On (, 11,	Gas	, , 0		, 00	
Change in	Ownersh	nip		()	Othe	r				()
Remarks:							Give	explana	tion belo	ow)
The under	signed c	ertifies t	hat the	Rules and	Regula	tions	of the	Oil Co	nservatio	on Com-
mission h					Ü					
77	41.: - 41	TALL dow	of W		10 ee					
Executed	this the_	TOER day	01	o A emper	1955	-	<u> </u>			2
					Ву	~	57	- Je	27/20	
Approved				19	Tit	tle	Area	Supt.	of Prod.	
OIL	ÇQNSE	RVATION	сомм	ISSION	Со	mpan	у _ Gul i	011 0	orporatio	<u>n</u>
Ву	(1 h.		/	1	ЬA	dress	Box	2167.	Hobbs, N	. M.
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