NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FC FILE U.3.G.3 LAND OFFICE TRANSPORTER ONL GAS PRORATION OFFICE OPERATOR		CERTIFIC	CATE OF CO TRANSPOR	MPLIANCE		·	
Company or Operator	cabot (orporation			Lease Signal	Well No.	3
Unit Letter	Section	Township	Range		Сошату	l	
J 29		8-8		33-8	33-E Chaves Kind of Lease (State, Fed, Fee)		
Toba		ylvanian)	Unit Letter	Section	Township	Range	
If well produces oil or condensate give location of tanks			A	29	8~8	33-8	
Authorized transporter of		e Company			ddress to which approved of 606, Semino	opy of this form is to be se	nt)
			tually Connecte				
Authorized transporter		gas 🚺 or dry gas	Date Con- nected	Address (give a	ddress to which approved c	opy of this form is to be se	nt)
Hearing			9-11-64	3707	Rawlins Ave.,	Dallas 19, To	936 8 .6
Remarks	Change in Tr Oil	REASO	e) Gas 🔲		nership	· 🗆	
The undersigned cer Oli Approved by	tifies that the Executed	Rules and Regula this the 14t TION COMMISSION	tions of the Oil C day of	By Title	nmission have been com , 19 \$4 Parcy C, Dist. Prod.	Oginin	
Title	<u> </u>				Cabot Corporal	ion	
Date				Address	4395, Midland,	Texas	

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