U.S.G.S. AUTHORIZATION TO TRANSPORT OLL AND NATURAL GAS Orig&dcc: CUC, Hobbs cc: Regional Office cc: file OPERATOR GAS cc: Regional Office cc: file OPERATOR GAS cc: Regional Office cc: file OPERATOR GAS cc: File OPERATOR GAS cc: File OPERATOR GAS cc: File OPERATOR SINCLAIR OIL CORPORATION Cc: File Address P. O. Box 1920, Hobbs, New Mexico 88240 Resso(s) for filing (Check proper box) New Weit Change in Transporter of: Cli Dry Gas First report of casinghead gas transp I change of ownership give name and address of previous owner casinghead Gas Condenate First report of casinghead gas transp I. DESCRIPTION OF WELL AND LEASE Lease Name Veil No. Pool Name, Including Formation Kind of Lease Location 4 Cato - San Andres State, Federal of Fee Peder Location 28 Township State, Federal of Fee Peder Unit Letter 990 Feet From The North Line and 1650 Feet From The East Line of Section 28 Township State, Federal core of Authorized Transporter of Call State, Federal core of Authorized	NO. OF COPIES RECEIVED	-	ONSERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65
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