		T				
DISTRIBUT ANTA FF FILE J.3 G.3 AND OFFICE TRANSPORTER GAS	FION	CERTIFICA	SAN TE OF CO	CONSERVAT TA FE, NEW M MPLIANCE TOIL AND	EXICO HOBBE AND AUTHORIZA	Į.
PERATION OFFICE					IE APPROPRIATE OFF	38 44 63
Company or Opera	tor Corporation	THE THE ORIG	NAL AND 4 C	UPILS WITH TH	Lease Kaud Saunders	Well No.
Init Letter			Range	33E	County	
Pool Saur	ider s				Kind of Lease (State, Fed	d _s Fee)
If well produces oil or condensate Unit Letter			nit Letter	Section 34	Township 148	Range
Authorized transp	orter of oil 🏝 or o	condensate			ldress to which approved co	py of this form is to be sent)
Service Pi	peline Co.			Bex 337,	Midland, Texas	
		Is Gas Actua	ally Connecte	d? Yes X	_No	
	orter of casing head	gas 🌇 or dry gas 🦳	Date Con- nected		n, New Mexico	ppy of this form is to be sent)
-,		**************************************				
	New Well .	REASON((please check p	oroper box) ership	. 🗆
	Change in T	Transporter (check one) Dry Gas nead gas . Condens	· · · · · □	Other (explain	below)	
	To show	transporters				
Remarks		4				
						
The undersigne	d certifies that the	e Rules and Regulation	ns of the Oil C	onservation Com	mission have been comp	lied with.

Ву

Title

Company

Address

Area Production Manager

Gulf Oil Corporation

Box 670, Hobbs, N.M.

. اشاه

OIL CONSERVATION COMMISSION

Approved by

Title

Date