UNBER OF COPIES RECEIVED		1	EW MEXICO OII		ION COMA ION	FORM C-110
		1		TA FE, NEW MI		(Rev. 7-60)
S.G.S. AND OFFICE RANSPORTER GAB					AND AUTHORI NATURAL GAS	
RORATION OFFICE		FILE THE OF	RIGINAL AND 4 C	OPIES WITH TH	E APPROPRIATE 0	vfrice,
Company or Operator					Lease	Well No.
Loc Unit Letter	Section	Township	Range		County	
D D	9	17		32	Lea	
Pool Mal	jama r				Kind of Lease (State,	Fed,Fee)
If well produces oil or condensate Unit Le			Unit Letter	Section	Township 17	Range
give location of tanks				Address (give ad		d copy of this form is to be sent)
	nental Pip			Artesis	, New Mexico	
		ls Gas Ac	tually Connect			
Authorized transporter	of casing head i	gas 🔳 or dry gas	Date Con- nected	Address (give ad	dress to which approve	ed copy of this form is to be sent)
Ph1114	ps Pet. Ce)a	Connected	Bartle	wille, Oklaho	10
If gas is not being sol	d. eive reasons a	and also explain its	present disposition	:		
This le	Oil Casing he	ransporter (check ond Dry ead gas . Cond perated as Bo	Gas 🗖 densate 🔲	chols. Char	nge operator t	o Leonard Nichels.
Remarks						
The undersigned co				Conservation Com	mission have been c . 19 62 .	omplied with.
		d this the 3011 TION COMMISSION		Ву	' - / Unit	Alu Att.
Approved by					MoGutoheen	1. Melutat
1/1				Title Sapt.	•	
Title				Company		
Date				Leon	ard Nichols	
				Leo n Address	ard Nichols	