OISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE		CERTIFIC	CATE O	SANT F COM SPORT	T OIL AND	AND AU NATUR		אס	PRM C-110 Rev. 7-60)
OPERATOR OPERATOR		TFILE THE OF	RIGINAL	AND 4 CC	JPIES WITH I	VON-SEE	RIATE PAFIQES		Well No.
Company or Operator Leonard Nichols						A. C. Taylor H			1
Unit Letter	it Letter Section Township Range				_	County			
E 10 17				32	Kind of Lease (State, Fed, Fee)				
Pool		Fee							
Mal jam	Unit Letter Section			Township Range					
If well produces oil or condensate give location of tanks					10		17	32	
Authorized transporter o	•					ddress to which	h approved copy of	f this form	is to be sent)
		Is Gas Ad	tually C	onnecte	d? Yes	No			
Authorized transporter of casing head gas or dry gas Date Connected Address (give address to which approved copy of this form is to be sent)									
If gas is not being sold,	give reasons a	nd also explain its	present dis	sposition:	•				
There is not enough gas to connect Gas vented REASON(S) FOR FILING (please check proper box) New Well									
The undersigned cer	Executed	Rules and Regul I this the 2 U TION COMMISSIO	day of		By Title Super Company	. Mc	2. Cutak	with.	
	./ *				Leon	ard Nich	ors		
Date	-				Address Maljs	mar, New	Mexico		