NUMBER OF CC-IES NECLIVED CISTRIBUTION SANTA FF FILE U.S.G.S. LARD OFFICE TRANSPORTER PROBATION OFFICE OFERATOR Company or Operator	EXICO AND AUT NATURAL	(Rev. 7-60) AUTHORIZATION ATURAL GAS							
Unit Letter 🖷	Section	Township				County 1.24			1
		lownship		° \$2					
Pool	LIANAR					Kind of Lease	(State, Fed _y l	Fee) 🎢	9.
If well produces oil or condensate give location of tanks					Section	Township	17	Range	82
Authorized transporter of oil 🚺 or condensate					Address (give address to which approved copy of this form is to be sent)				
TELAS & XM	NELICO P	IPE LINE CO	•	1	MIDLAN	, TRIAS			
<u> </u>		ls Gas A	ctually Conne	cted?	Yes	No			
Authorized transporter o	casing head g	as 🚺 or dry gas	Date Con- nected	Addr	ess (give ad	dress to which	approved copy	y of this form	is to be sent)
PHILLIPS		2			÷.,				
If gas is not being sold,	give reasons a	nd also explain its	present dispositi	on:					
New Well Change in Transporter (check one) Oil Dry Gas Casing head gas . Condensate .				Chi Oth	Other (explain below)				
R em ark s									
The undersigned cert		26		l Conser	ration Com	mission have	been complie	ed with.	
ŌIL	Executed CON SERVA1	this the	day of	By	0. L.I	· · · · · · · · · · · · · · · · · · ·			-/ ;
Approved by				Titl	e	PT.	<u>C/[</u>]	1661	11/00-
Title		<u> </u>	·····	Соп	ipany BCL		IGLS		
Date	-			Add	ress	LJANAR, T		0	