OF COPIES RECEIVED CISTRIBUTION 'I 'I	CERTIFIC	SANT ATE OF CON TRANSPOR	A FE, NEW ME	AND AUTHORI		
pany pr. Operator		GINAL AND 4 CO	1	APPROPRIATE O		
ontinental Oil Company				Baish A AUG 1.1 1 6		
.t Letter J Sectizi	^{own} 17S Range 32E		32E	County		
^{bl} Baish			Kind of Lease (State, Fed, Fee)			
If well produces oil or condensate give location of tanks		Unit Letter Section		Township 175	Range 32E	
uthorized transporter of oil a or condensate			Address (give add	ress to which approved	l copy of this form is to be sent)	
Continental Pipe L	ine Company		Box 41(), Artesia,	New Mexico	
Is Gas Actually Connected? YesNo						
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent)						
Vented Not produced in mai		Entities	(please check pr	oper box)		
New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Casing head gas Condensate						
2310 FSL & 1650 FE	2 - LC No.0	29509 (a)				
Remarks This well was form Baish "A" No. 6.	erly Beish	"A" No. 22	2. It has	been redes	ignated	
The undersigned certifies that the Executed	14			ission have been co , 19 63	mplied with.	
OIL CONSERVAT	ION COMMISSION		By	Sauce	~~	
VIIII			Assistant District Superintendent			
Title			Company			
				ental 011 Co	ompany	
Date			Address Box 450), Hobbs, Ne	w Mexico	
NMOCC (5) USUS-AR	ESTA (3)	ABS FILE	l			