ANTA FI		CERTIFI	NEW MEXICO O SA ICATE OF C O TRANSPO	NTA FE	, new m ance	AND AU	THORIZA		FORM C-110 (Rev. 7-60)
OPERATOR		FILE THE (ORIGINAL AND 4	1 COPIES	wiтн тн	E APPROPE		Er c	
Company or Operator	1 Oil Co				1	Lesse B 1st	FII 3	- 5 -	Well No.
Unit Letter	Section	Township	Range			County	- -		
L	22	175		32E	···- ··r		Lea		
Pool Maljama	r Devoni	an					e (State, Fed, de ral	ree)	
If well produ	ices oil or conde	ensate	Unit Letter	_	Section	Township		Range	2
	ocation of tanks	· · · · ·		L Addres	22 s (give ad		.75 approved cop	y of this fo	32E rm is to be sent)
Continenta:		ine Compa					ia, New	Mexi	CO
		ls Gas A	ctually Connec			NoX			
Authorized transporter o	of casing head g	as or dry gas	, Date Con- nected	Addres	ss (give ad	dress to which	approved cop	y of this fo	rm is to be sent)
_	Change in Tra Oil Casing hea	n sporter (check of Dry ad gas . Con	ne) 7 Gas	Chan Other Ch	ge in Own (explain l	ership	. design	x x ation	
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