NUMBER OF COPIES RECEIVES GISTRIBUTION SANTA FL FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS PRORATION OFFICE		CERTÌI	FICAT	SAN E OF EQE RANSPOR	TAFE, NEW M MBRIGHANCE TOIL AND	AND AUTHORI	ZATION	FORM C-11 (Rev. 7-60)
OPERATOR	·	FILE THE	ORIGIN	NAL AND 4 C	OPIES WIRH	PROPRIATE OF	FFICE	Well No.
Company or Operator	tal (il Co	mpany				Lease Baish B		1
Unit Letter C	Section 22	Township	175	Range	325	County Les		
Pool		<u> </u>				Kind of Lease (State, federal	Fed Fee)	
	oduces oil or con		Unit	t Letter C	Section 22	Township 175	Ran	32E
	ve location of tar					ddress to which approved	d copy of this	-
Authorized transporte		ine Company	7		Box 410	Artesia, I	New Mexic	×0
		ls Gas	Actual	lly Connecte	ed? Yes 🛣	No		(
Authorized transport			gas 🔲	Date Con- nected	Address (give a	ddress to which approved	d copy of this	jorm is to be sent)
Continental (Al Company				8-5-63	Bo	or 460, Hobbs, I	New Mexic	20
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	Change in Oil		ASON(S) k one) Dry Gas) FOR FILIN []	G (please check Change in Ow Other (explain	nership	X	
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