NUMBER OF CCPIES RECEIVED LISTRIBUTION SANTA FC PILE U.E.G.3 LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE	CERTIFIC	ATE OF COMP TRANSPORT	FE, NEW ME		CE
Company or Operator Continental Oil Company				Lease A Saller A	1] Well No. 5
	Township 17- S	Range 32-1		County	
Pool Maljamar	<u> </u>			Kind of Lease (State, Fed, Federal	Fee)
If well produces oil or condensate Unit Letter give location of ranks			Section	Township	Range
Authorized transporter of oil [or con-	Is Gas Actu	ually Connected?	Yes		
Authorized transporter of casing head ga	s or dry gas	Date Con- A	ldtess (give add	ress to which approved copy	γ of this form is to be sent)
Change in Tran Oil		s	Change in Owne Other <i>(explain b</i>	rship	
Miller A No. IP 8 to		• 5•	ne of the	woll at above lo	cation from
The undersigned certifies that the R					ed with.
Executed th	25		esber	6 1	
	ON COMMISSION	E	у		