NUMBER OF COPIES RECEIVED			FE, NEW ME	FORM C-110 (Rev. 7-60)	
Company or Operator	FILE THE ORIGINA	AL AND 4 COPI	1	E APPROPRIATE OFFIC	E [1] 3 21 193 Well No. 193
Unit Letter Section	Fownship	Range	<u>34 - 2</u> ,	County	I
Pool			:	Kind of Lease (State, Fed, F	See)
If well produces oil or condensate Unit Letter give location of tanks			Section	Township	Range
Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent)   X					
Is Gas Actually Connected? YesNo					
Authorized transporter of casing head gas conditions or dry gas conditional bate Connected Address (give address to which approved copy of this form is to be sent)					
REASON(S) FOR FILING (please check proper box)   New Well   New Well   Change in Transporter (check one)   Other (explain below)   Oil   Oil   Casing head gas					
Remarking well was formerly the Continental Cil Company Fearl B No. 22, Effective with the					
unit zation of the H The undersigned certifies that the Ru	04 oc 5-1-63; i	t vas reniv	bered #C/	1 Unit No. 193.	
Executed this the day of, 19,					
OIL CONSERVATIO		By	1 <i>.a.</i>	Queen	
Title		Tit	npany	<u>Asst. District (</u>	Superintendent Company
)ate /		Add	ress	Box 427, Hobbs,	New Mexico
NMOCE (5) SW WAM	ARINERS (5) P:	11e		······	