NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FI FILI US G 3 LAND OFFICE TRANSMOSTEM OIL GAS PRGASTION OFFICE OPERATOR		CERTIFICATE TO TRA	SANT. E OF COM ANSPORT	A FE, NEW N PLIANCE OIL AND	AND AUTHORIZATINATURAL GAS		
		- FILE THE ORIGINA	AL AND 4 CO	FIES WIIT 11	HE APPROPRIATE OFFIC	Well No.	
Company or Operator	~ · ·	m					
		Trainer		<u> </u>	Line Queen Uni		
Unit Letter	Section	Township Range 16-South 34-E		Inct	Lea		
B	17	16-South		.431	Kind of Lease (State, Fed,		
Pool	t t	- Oueer			State		
If well per	duces oil or cond	e Queen Unit l	Letter	Section	Township	Range	
giv	e location of tank	(\$				(it is to be part)	
Authorized transporte	er of oil or c				ddress to which approved cop		
	<u></u>	Is Gas Actuall	y Connected	1? Yes	NoX		
Authorized transporte	er of casing head		Date Con- nected	Address (give o	ddress to which approved cop	ny of this form is to be sent)	
	<u> </u>	and also explain its presen	t disposition.	1			
	Change in 7 Oil	Fransporter (check one) Dry Gas. head gas. Condensat	🗆	Change in Ov Other <i>(explai</i>	vnership	ί λ .]	
This and u	dry hole is sed as a W	s to be included ater injection wo	in the H	ume Queen	unit. It is to b		
The undersigned		the Rules and Regulation: the this the $\frac{1}{2}$ da			ommission have been comp		
				Ву			
Approved by Title	OIL CONSERV	ATION COMMISSION		Title Company	C. W. TRAINE	or	
Ĺ				Address			
Date					P. O. Box 22 Hobbs, New M		