INDER OF CCHIES RECEIVED DISTRIBUTION NTA FE LE S.G.S. IND OFFICE CANSPORTER GAS IORATION OFFICE		CERTIF	FICATE 0	SANTA F	E, NEW ME	DN COMPTSION XICO AND AUTHORIZ NATURAL GAS	(Rev.	C-110 7-60)
PERATOR		FILE THE	ORIGINAL	AND 4 COPI	S WITH THE	APPROPRIATE OF	FICE	
Company or Operator				<u> </u>		Lease	llll] ⊂ii Ve	11 No.
Continent al	011 Cor					M. E. Baish	n B	17
Jnit Letter	Section	Township		Range 32-E		County		
F	22	17-S		22-19		Kind of Lease (State, 1	Fed Fee)	
Maliamar						Federal		
If well produc	ces oil or con cation of tan		Unit Lette	et	Section	Township	Range	
uthorized transporter of	foil 🗌 or a					ress to which approved	copy of this form is to	be sent)
			Actually C				copy of this form is to	be sent)
uthorized transporter of	f casing head	gas 🔄 or dry g	gas Date necte		ress (give add	less to union approved		
•	ion impu	twell						
	New Well . Change in T Oil		one) Dry Gas		nange in Owne ther (explain b	rship	x	
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