Unit Letter Section Pool Undesignated If well produces oil or co	CERTIFICATE ( TO TRAN FILE THE ORIGINAL Company of Californi Township 2 158	AND 4 COPIES WITH T Range	MEXICO AND AUTHORIZATION NATURAL GAS HE APPROPRIATE OFFICE Lease County County Kind of Lease (State, Fed, Fee)	Well No. 1-12
give location of tanks     I     12     158     34E       Authorized transporter of oil To condensate     Address (give address to which approved copy of this form is to be sent)     P. O. Box 3119       The Permian Corporation     Midland, Texas     Is Gas Actually Connected? Yes No				
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent) If gas is not being sold, give reasons and also explain its present disposition: Casinghead Gas Flared - No Market				
REASON(S) FOR FILING (please check proper box)         New Well       Change in Ownership         Change in Transporter (check one)       Other (explain below)         Oil       Dry Gas         Casing head gas       Condensate				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <b>31st</b> day of <b>December</b> , 19 64.				
OIL CONSERV Approved by Title		Company	moil Company of Cal	ifornia
Date		Address <b>619</b>	West Texas Avenue, N	idland, Texas