NUMBER OF COPIES RECEIVED  DISTRIBUTION  SANTA FE FILE  U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS  PRORATION OFFICE  OPERATOR  Company or Operator		CERTIFIC TO THE OF	CATE OF COM	A FE, NEW ME APLIANCE TOIL AND	AND AUTHORNE NATURAL GAS DEC DE LAPPROPRIATE OFF Lease	4de AH 63   Well No.						
Continental	T	1		MCA Unit	237							
Unit Letter A	Section 36	Township 16S	Range 33	B	County Lea							
Pool					Kind of Lease (State, Fed, Fee)							
If well produc	es oil or cond		Unit Letter	Section	Township	Range						
Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent)												
None												
Is Gas Actually Connected? YesNo												
Authorized transporter of casing head gas or dry gas Date Connected Address (give address to which approved copy of this form is to be sent)												
No.												
REASON(S) FOR FILING (please check proper box)  New Well												
frmerly the	J. S. 1	Villiams No	o. 1. It h	as been r		MCA Unit No. 237.						
The undersigned certi		<i>~</i>			nission have been com	plied with.						
		this the	day of Dece	By								
Approved by		TION COMMISSION	·	50	a Jamin							
				Title Assista	nt <b>District</b> ]	Manager						
Title				Company								
				Contine	ntal Oil Com	pany						
Date				Address	Uobbs New							

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