NUMBER OF COPIES RECEIVED  CISTAIBLITION  SANYAFE FILE U.S.G.S. LAND OFFICE TRANSPORTER QAS PRORATION OFFICE OPERATOR  Company or Operator John H. Trigg Unit Letter M Pool	Section 19	CERTIFICA TO T	SANTE OF COR	MPLIANCE TOIL AND OPIES WITH TH		Well No. 4-19
	es oil or cond cation of tank	ensate	nit Letter <b>L</b>	Section 1.9	Township 18 South	Range 34 East
Authorized transporter of oil X or condensate Pexas-New Mexico Pipeline Company    Address (give address to which approved copy of this form is to be sent)   Post Office Box 1510   Midland, Texas     Is Gas Actually Connected? Yes X No						
Authorized transporter of casing head gas Tordry gas Date Connected  Address (give address to which approved copy of this form is to be sent)						
Phillips Petroleum Company  Bartlesville, Oklahoma  If gas is not being sold, give reasons and also explain its present disposition:						
Remarks	Change in Tr	REASON(S		(please check p Change in Own Other (explain	ership	]
Filed i request	ed design	nat <b>io</b> n <b>of ca</b> sir	ighe <b>ad tra</b> i	nsp <b>o</b> rter.	dated N <b>o</b> vember 1, 1	
The undersigned certi		Rules and Regulatio			mission have been complied	with.
		TION COMMISSION	lay of	Ву	, 19	
Approved by Title	W. A.	- Chr	nente.	Title  Company	Owner	
Date	· · · · · · · · · · · · · · · · · · ·	4 · · · · · · · · · · · · · · · · · · ·		Address	John H. Trigg P. O. Box 520 Roswell, New Mex	ric <b>o</b>