Company or Operator Company or Operator Unit Letter M CISTRIBUTION CAND OFFICE OIL OIL OIL OIL OIL OIL OIL OI	CERTIFICATE (ISPORT OIL AND	MEXICO AND AUTHORIZAT NATURAL GAS HE APPROPRIATE OFFISE Lesse State of N. M. "Al	Well No. 20
Pool Vacuum Abo Reef If well produces oil or corgive location of tan Authorized transporter of oil Texas-New Mexic	densate Unit Lett	12 Address (give P. O. Be	18-S address to which approved copy ox 1510	Range 34-E
Authorized transporter of casing head gas X or dry gas Date Connected? * TEXACO Inc. Date Connected 2-1-64 P. O. Box 728 Hobbs, New Mexico				
REASON(S) FOR FILING (please check proper box) New Weil				
Remarks * This C-110 Filed To Show Change In Casing Head Gas Transporter To TEXACO Inc.				
The undersigned certifies that th				d with.
	ed this the <u>19th</u> day of	May By		
Approved by	No. of the Control of	Title	E. H. Scott District Accounts TEXACO Inc.	nt
Date	1 m 1 m	Address	P. O. Box 728 Hobbs, New Mexico	