CONTROL NO. CONTRO	SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION				
PROGRATION SEFFICE	FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRINTE OFFICE				
Company or Operator	FILE THE ORIGINAL AND 4 C	OPIES WITH TH 	Lease //	FICE	2 Well No.
Texaco II	10.		State of NM"		1
nit Letter Section Township Range 31 17-S 34-E			County Les.		
Pool			Kind of Lease (State, F	ed Fee)	
Vacuum If well produces oil or condensate Unit Letter			State Township	Rang	
give location of tanks	I	Section 31	17-8		34-E
Authorized transporter of oil To or condensate Address (give address to which approved copy of this form is to be sent) P.O. Box 1510 Texas-New Mexico Pipe Line Company Midlanc., Texas					
	Is Gas Actually Connected	1? Yes <u>X</u>	. No		
Authorized transporter of casing head gas or dry gas Date Connected P.O Box 6666 Phillips Petroleum Company 7-1-62 Odessa, Texas				copy of this f	orm is to be sent)
If gas is not being sold, give reasons and	also explain its propert disposition:				
Change in Trans Oil	REASON(5) FOR FILING (rship	. 🗆	
Remarks					
	to show Phillips Po	etroleum	Company as ga	as gath	erer.
The undersigned certifies that the Ru Executed thi			ssion have been comp	lied with.	
OI CONSERVATION		Ву	4400		
	District Accountant Company				
	; ; ;	T	exaco Inc.		
Date		Address			

P.O. Box 728 Hobbs, New Mexico