NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OFERATOR Company or Operator			NEW MEXICO OII SAN ICATE OF CO TO TRANSPOR ORIGINAL AND 4 C	TA FE, NEW ME MPLIANCE TOIL AND	EXICO AND AUTHO NATURAL G	RIZATION AS
Gulf Gil Corr	oration				Iea Stata II	
Unit Letter	Section	Township	Range		County	
Ma	16	19-5		E	Lea	
Pool			_ _		Kind of Lease (Sta	ite, Fed,Fee)
Quail Ridge		-	Unit Letter	Section	State Township	Range
If well produces oil or condensate give location of tanks			M	16	19-5	3h_R
Authorized transporter	_	<u>n</u>		Address (give add Box 4157,	Midland, Se	oved copy of this form is to be sent)
		ls Gas	Actually Connecte			
Authorized transporter Phillips Petg If gas is not being sol	elsum Co.		8-1-63	Бол: 758, Ч	dress to which appro Obb s_e New lie	oved copy of this form is to be sent)
CHANGE IN	Change in 7 Oil Casing 1	Fransporter (check)	one) ry Gas		ership	
Remarks						
The undersigned ce			ulations of the Oil C		nission have been	complied with.
	Execute	d this the 2nd	day of _Augus	······································	, 19 63 .	
01	L CONSERV	TION COMMISSI	ON	By		<i>:</i>
Approved by					1411	
1/11/1				Title Area Froduction Manager		
Tible				Company	ICTION MANES	er
. <u> </u>				Gulf Oil :	Cor. oration	
Date				Address		
				Box 670. H	lobbs. New M	erri oo