NUMBER OF COPIES RECEIVED CISTRIBUTION SANTA F. FILE U.S.G.S. LAND OFFICE OIL GA1 PRORATION OFFICE OPERATOR		CERTIFIC	ATE OF COM	A FE, NEW M APLIANCE TOIL AND	AND AUTHORIZ	
Company or Operator		FILE THE ORI	GINAL AND 4 CC	DPIES WITH TH	<u>LE APPRORRIATE OFF</u> Léase	Well No.
Unit Letter B	Section 2	Township 17-S	Range	36-E	County Lea	<u> </u>
Pool					Kind of Lease (State, Fe	d,Fee) State
	duces oil or cond location of tanks		Jnit Letter C/NW/4	Section 2	Township 17-S	Range
Authorized transporter	of oil or co		₩ ially Connected			opy of this form is to be sent)
Authorized transporter	of casing head g					ppy of this form is to be sent)
	Change in Tra	nsporter (check one)			rship	
	Change in Tra Oil	•••••	· · · · · · · · · · · · · · · · · · ·	Change in Owne	rship	
Remarks ; Well No * Well	Change in Tra Oil Casing hea	nsporter (check one)	s	Change in Owne Othet <i>(explain b</i>	rship	
Well No * Well	Change in Tra Oil Casing hea	nsporter (check one) Dry Gas d gas . Condens	s	Change in Owne Othet (explain b	rship ,	's - State "E"
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