DISTRIBUTION O OFFICE NSPORTER GAS RATION OFFICE		CERTIFICA	TE OF COMP	LIANCE A	IXICO AND AUTHORPEA NATURAL GAS	2 30 PM '63
RATOR		FILE THE ORI	GINAL AND 4 COP	IES WITH THE	APPROPRIATE OFFI	CE Well No.
ompany or Operator					Lease	well hot
William A.	& Rausrd	R. Hudson			Federal 19	
nit Letter	Section	Township	Range		County	
X	19	198	33E		Kind of Lease (State, Fed	(Fee)
ool					_	
South Tont	-Yates		Unit Letter	Section	Township	Range
If well produces oil or condensate give location of tanks				19	19S	338
uthorized transporter	of oil K or o	condensate		Box 3119,	, Midland, Texas	py of this form is to be sent)
		Is Gas Act	ually Connected	? Yes	_No_ x	of this form is to be sent)
Authorized transporter	of casing head	gas or dry gas	Date Con- nected	Address (give ad	dress to which approved co	opy of this form is to be sent)
	Change in Oil	RE.SO Transporter (check one Dry head gas . Cone	e) Gas 🔲	please check Change in Owi	nership	. 🗆
The undersigned	certifies that Execu		ations of the Oil Co day of Octo	ber By	ommission have been con	rermian Corporation. Inplied with.
Approved by	4			Title		
1/2/-/-	<u>/</u>			Company	nsulting Enginee	4.0
Title (Martin Day of Lands of the			- mg mg		
1		٠.		127	lliam A. & Edwar	A D Nudson
Date	MO.			Address 30	2 Carper Buildin tesia, New Mexic	હ