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DISTRIBUTION	NEW MEXICO OII	L CONSERVATION COM	an iso	_	
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U.S.G.S.	AUTHORIZATION TO T			•	.5
LAND OFFICE	AUTHORIZATION TO T	KANSPORT OIL AND	NATURAL GAS	5	
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BEARING SERVICE & S	SUPPLY CO., INC.				
P O BOX 100 APTRS	IA, NEW MEXICO 88210				
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	Change in Transporter of:		विशिक्ष स्टब्स	William Non-	
Recompletion	OII Dry	Gus g		MUST NOT	3 .
Change in Ownership	Casinghead Gas Con	densate	_	11-16	
		Xes Cons	3 3 2000	MAN TO HAR	70
If change of ownership give name and address of previous owner			activities.		•••
DESCRIPTION OF WELL AN					
Lease Name	Well No. Pool Name, Including	Formation	Kind of Lease		Lease No.
Lea 688 State	1 Eumont		State, Federal or	Fee State	E-8072
Location	- Lumone			Blate	E-00/2
Unit Letter	60 Feet From The East	Line and660	Feet From The	North	
Line of Section 25	Township Range			LEA	County
	20 5.,	35 E.,			
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address (Give address i Address (Give address i			
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VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

7.9 7 (at le
(Signature)
ACEND
(Title)
3- 2- 26
(Date)

OIL CONSERVATION COMMISSION

APPROVED , 19 _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply