E			NEW MEXICO OI				FORM C-11
A STON OFFICE		CERTIFI	CATE OF CO	NTA FE, DMPLI RT OIL	ANCE	AND AUTHOR NATURAL GA	S
RATOR		FILE THE C	DRIGINAL AND 4	COPIES	WITH TH	E APPROPRIATÉ (DFFICE 104
mpany or Operator	· · · · · · · · · · · · · · · · · · ·	L L				Lease	Well No.
Galf Oil C						Northwest B	mont Unit/4 21-30
it Letter	Section	Township	Range			County	
C	14	19-5		<u> 36-8</u>		Let	
ol						Kind of Lease (State	; rea,ree)
Euno			Unit Letter		Section	Township	Range
	roduces oil or con- velocation of tank		Our Dener			-	
thorized transport		Is Gas A	Actually Connec	ted? Y	es	_ No	
horized transport	er of casing head		Date Con-		s (give a	ddress to which approv	red copy of this form is to be sent)
					se in Ow 1 (explain	nership	🗖
To change	Oil Casing l	Tansporter (check of the check	ry Gas 🛄 ondensate 🛄				
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