Investe of copies received DISTRIBUTION EANTA FE PILE UAGO UAGO TRANSPORTER OIL OIL OIL OIL OIL OPERATION OFFICE OPERATION OFFICE OPERATION Company or Operator Corne 1 not Unit Letter Section 14 Pool	CERTIFICA TO T FILE THE ORIGI	SAN TE OF CO RANSPOR	PIES WITH TH		Well No. 12
If well produces oil or condensate Unit Letter			Section	Township	Range
Authorized transporter of oil Atlantic Pipeline G	Q Ily Connecte	Address (give address to which approved copy of this form is to be sent) Box 1190, Midland, Texas			
			Address (give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Oklahoma		
REASON(S) FOR FILING New Well			(please check proper box) Change in Ownership		
The undersigned certifies that	the Rules and Regulations ted this the 27 day		servation Comm	60	ith.
	ATION COMMISSION	01	By	<u>, 19</u> 02.	
Approved by Title			Company Cor	strict Superintender	
Date			Address	68, Bunice, New Me	

TOTAL CLARK OWNER OF