NUMBER OF COPIES RECEIVED		T	<u> </u>				_	
DISTRIBUTION							DN N	FORM C-110
SANTA FE FILE					TA FE, NEW	-	HOE	0. C. C.
U.S.G.S.								U.C.C.
TRANSPORTER		CERTIF	ICATE	OF CO	MPLIANCE	AND AUTHO	JKIZNANS	JN [,]
GAS PRORATION OFFICE		H T	O TRAI	NSPOR	T OIL AND	NATURAL (GAS SAS	" 1! 23 MI '62
OPERATOR			OPICINAL		ODIES WITH T	HE APPROPRIAT		1
Company or Operator			ORIGINAL	AND 4 C	OFIES WITH I	Lease	EOFFICE	Well No.
Termene Gil Co						Deuse /mans	To de	A wen No.
Unit Letter	Township	nship Range			County			
7	Section	20-6 36-			11	tee		
Pool					Kind of Lease (State, Fed, Fee)			
Baugest.						Tederal.		
If well produc		nsate Unit Letter			Section	Township		Range
give io	cation of tank	.s	C		35	20-6		36-2
Authorized transporter of	oil 🔳 or c	ondensate			Address (give a	ddress to which app	oved copy of t	his form is to be sent)
Hann a. Hann Mauri								
TRIBA-New Mexic			ctually (Connecte	d? Yes	No. Nov. J		
A			<u>r_</u>	e Con-	t	ddrass to which any	round name of th	his form is to be contl
Authorized transporter of casing head gas conditions of dry gas Date Connected Address (give address to which approved copy of this form is to be a nected								us joint is to be sent?
Philling Petroleum Commany Bay 6666. Massa, Barne								
If gas is not being sold, give reasons and also explain its present disposition:								
		REAS	ON(S) FOR	RFILING	(please check)	proper box)		
	New Well	• • • • • • • • • • • • • •		<u> </u>	Chan as in Os	h :-		
						ership	•••••	
Change in Transporter (check one) Other (explain below) Oil								
Casing head gas. [] Condensate []								
				·				
Remarks								
Change operator	te sesse	Anon Roman	-		***			
Jammary 1, 196			o oathe			e err congen	V, CIICG	2170)
The undersigned certifi	ies that the	Rules and Regula	ations of t	he Oil Co	nservation Com	mission have been	complied wit	
The understand certain			4					
Executed this the day of Becomber, 1963.								
				·	By	1		
OIL CONSERVATION COMMISSION					KN/	10101		
Approved by	1	1)			11017	miny		R. O. Bomry
Salt to a					litte			
Title	I-4	xand	1	Name 18-	District Company	Office Super	visor	
AIUE	~	Correction of the second s			Company			
Date					Address			
					Box 1021.	Midland	10.4	