PRORATION OFFICE OPERATOR	CERTIFICA TO T	SAN TE OF CO RANSPOR	RT OIL AND		IZATION (I	RM C-110 Rev. 7-60)
Company or Operator Amerada Pet. Corp.				State "U" Gas Unit Well No.		
Unit Letter B Section 32	Township 19 S	Range	37 E	County Lea		-
Pool Euront	4		71.15	Kind of Lease (State,	Fed Fee)	
If well produces oil or condensate Unit Letter			Section	Township	State	
give location of tank Authorized transporter of oil or co	ondensate	*	***************************************	dress to which approved		to be sent)
Anshariantana	Is Gas Actual		 	No		
Authorized transporter of casing head gas or dry gas Date Connected Northern Natural Gas			Address (give address to which approved copy of this form is to be sent) Hobbs, IM			
Change in Tran Oil	nsporter (check one) Dry Gas d gas. Condensate		(please check pr Change in Owner Other (explain be Transporter	rship		
Remarks						
The undersigned certifies that the Ru Executed th	is the day o			ssion have been comp.	lied with.	
OIL CONSERVATIO			Ву	7	· · · · · · · · · · · · · · · · · · ·	