Pool Hobbs If well produces oil or conden give location of tanks	CERTIFICATE OF TO TRANS FILE THE ORIGINAL AN GOLTXOPRATION Township 19-8 Nate Unit Letter	Ange Section Section	AND AUTHORIZATION NATURAL GAS OCT / IE APPROPRIATE OFFICE Lease County County Lease Kind of Lease (State, Fed, Fee) Township 15-2 Ran	2 25 PM °63 Well No. 29 State
Authorized transporter of oil Nor condensate Address (give address to which approved copy of this form is to be sent) Shell Pipe Line Corpo tion Is Gas Actually Connected? Yes				
Authorized transporter of casing head gas Image: Connected Date Connected Address (give address to which approved copy of this form is to be sent) Phillips PotrolumCot: ny Box 758 - Image: Date Connected				
If gas is not being sold, give reasons and		IL ING (please check p	roper box)	,
New Well Change in Ownership Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Iseas name Casing head gas Condensate Changed Intervent State #A" Tract 8 Well No. 29				
Remark s				
The undersigned certifies that the Ru	lles and Regulations of the	Oil Conservation Comm	nission have been complied with.	
Executed th	is the day of	September	, 19 <u></u> .	
OIL CONSERVATIO		Ву	una de trata la companya de la compa	
Approved by		Title	n Superintendent	
Trile (n american Petrole m Co	orporation
Date		Address BO	x 68 - Hobbs, New and,	00