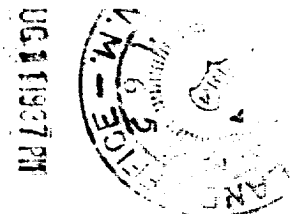


NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

REQUEST FOR PERMISSION TO CONNECT WITH PIPE LINE



This request should be SUBMITTED IN TRIPLICATE. See instructions in the Rules and Regulations of the Commission.

Hobbs, New Mexico

Place

August 9, 1937

Date

OIL CONSERVATION COMMISSION,

Santa Fe, New Mexico.

Gentlemen:

Permission is requested to connect Stanolind Oil and Gas Company State NW 13
 Company or Operator Lease

Wells No. 1 & 13 in NW 1/4 of Sec. 15, T. 19 S, R. 33 E, N. M. P. M.,

Hobbs Field, Lea County, with the pipe line of the

Humble Oil & Refin. Co.

Pipe Line Co.

Hobbs, New Mexico

Address

Status of land (State, Government or privately owned) State

Location of tank battery 1500' from East line and on 1/4 north line section 15

Description of tanks L.P. 500 bbl. steel tanks

Logs of the above wells were filed with the Oil Conservation Commission July 17, 1930, 19__

All other requirements of the Commission have ~~been~~ been complied with. (Cross out incorrect words.)

Additional information:

Yours truly,

Permission is hereby granted to make pipe line connections requested above.

OIL CONSERVATION COMMISSION,

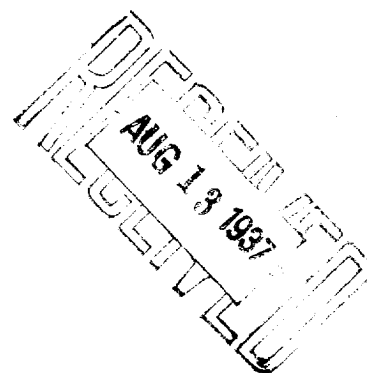
By G. D. Macy

Title State Geologist,
Member Oil Conservation C'm's'n.

Date _____

Stanolind Oil and Gas Company

Owner or Operator

By Robert L. HendersonPosition Field Supt.Address Box F. Hobbs, New Mexico

January 1, 1918

REQUEST FOR PERMISSION TO CONNECT WITH FIRE LINE

I, the undersigned, do hereby request permission to connect with the fire line of the City of New York, for the purpose of installing a fire alarm system in the building located at No. 123 West 125th Street, New York City.

Very respectfully,
[Signature]

Witness my hand and seal this 1st day of January, 1918.

Commissioner of Health, City of New York

By [Signature], Secretary

Approved by the Board of Health, City of New York

Attest: [Signature], Secretary

Witness my hand and seal this 1st day of January, 1918.

Commissioner of Health, City of New York

By [Signature], Secretary

Approved by the Board of Health, City of New York

Attest: [Signature], Secretary

Witness my hand and seal this 1st day of January, 1918.

Commissioner of Health, City of New York

[Signature]

Commissioner of Health, City of New York

By [Signature], Secretary

Attest: [Signature], Secretary