NUMBER OF COPIES RECEIVED DISTAIBUTION SANTA FE FILE U.B.G.S LAND OFFICE TRANSPORTER GAS PRORATION OFFICE	CERTIFIC	CATE OF CO	TA FE, NEW M MPLIANCE		FORM C-110 (Rev. 7-60)	
OPERATOR	FILE THE OF	RIGINAL AND 4 C	OPIES WITH TH	E APPROPRIATE OFFICE		
Company or Operator	nel 011 Con			Lease Locabert A-2	Well No.	
Unit Letter Section Township R		Range	37=2	County		
<u> </u>	S 27 2-3			Kind of Lease (State, Fed, Fee)		
Pool					Federal	
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township 21-8	Range 37-2	
Authorized transporter of oil region or condensate			Address (give as	ldress to which approved copy	of this form is to be sent)	
T-NH Fipelins Costony			P. 0. 1	8ex 9.510, 254 1.004 ,	Tores	
	ls Gas Ad	ctually Connecte	d? Yes	_No		
Authorized transporter of casing head gas where dry gas Date Con- Address (give address to which approved copy of this form is to be sent)						
EFFECTIVE JANUARY 31, 1977, Skally 011 Company Skelly OIL COMPANY MERGER						
INT If gas is not being sold, give reasons an	O GETTY OII	COMPANY	भ			
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Casing head gas Condensate						
Remarks						
This well former Dist: 0/4 NHOCG AAM The undersigned certifies that the					d with.	
				, 19 <u>/5</u> .		
	this the		By			
OTE CONSERVAT	ION COMMISSION	N	_			
Approved by			Title			
XIVIE				22 strat Superintendent		
Title			Company			
Date			Address			
	<u></u>	,,,,,				