NUMBER OF COPIET RECEIVED DISTRIBUTION SANTA FT VILG 1 1 U.S.G.B. 1 LAND OFFICE 016 TRANSPORTER 016 OPERATOR Company of Operator		CERTIF!	CATE (O TRAN	SAN OF CO ISPOR	TA FE, MPLIA TOIL	NEW MI	ION CO SSION EXICO AND AUTHORIZ NATURAL GAS E APPROPRIATE OFF Beall M 9	ILC E	FORM C-110 (Rev. 7-60)
	TEXACO I						V. M. Henderso	n	5
Unit Letter B	Section 30	Township				-E Lea			
Pool		Kind of Lease (State, Fed, Fee)							
				Letter Section Township				Rang	* ;e
give location of tanks				·	30 21-S 37-E Address (give address to thich approved copy of this form is to be sent)				
Authorized transporter of Shell Pipe		ndensate							orm is to be sent)
		le Gae A	Ky Curally C		12 V	1ATO -	Michand, Texas		••••••••••••••••••••••••••••••••••••••
Is Gas Acrually Connected? Yes No Authorized transporter of casing head gas or dry gas Date Con- nected Address (give a coss to which approved copy of this form is to be sent)									
* Skelly Oi If gas is not being sold, g			Apr 19		P. 0.	Box _	- Hobbs, New	Mexico	,
* To show g		REASO	N(S) FOR	FILING	(please o	heck pro			
New Well Change in Ownership Change in Transporter (check one) Other (explain the state sta									
							· · · · · · · · · · · · · · · · · · ·		
Remarks									
The undersigned certifi	es that the R	ules and Regulat	ions of the	e Oil Con	servation	Commis	ssion have been compli	ed with.	1999 / · · · · · · · · · · · · · · · · ·
	Executed th	vis the 9th	_ day of	Aug	ust		_, 19 <u>61</u> .		
Approved by	DN SERVA TH	DN COMMISSION			Company	tant I	District Superin	tendent	
Date					Address		28 - Hobbs, New	Mexico	

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