NUMBER OF COPIES RECEIVED LISTRIBUTION SANTA FI FILE U.S.G.S LAND OFFICE		111	Alter of co	TA FE, NEW M		.(Rev. 7-60)
TRANSPORTER OIL GAS PHORATION OFFICE OPERATOR		Т	O TRANSPOR	T OIL AND	NATURAL Ö	ABBS OFFICE O. C. C.
Company or Operator					Lease Well No. H. D. Greer 1	
Unit Letter	Section 21	Township 22-5	Range	-1	County Lot	
Pool					Kind of Lease (Sta Fee	te, Fed,Fee)
	uces oil or cond location of tank		Unit Letter Dry Gas W	Section	Township	Range
Authorized transporter	of oil or c					ved copy of this form is to be sent)
			ctually Connecte		_No	oved copy of this form is to be sent)
Authorized transporter	of casing head	gas or dry gas	nected	Indiress (give a		
Northern Natu	ral Gas C	0.	Unic	Box 2370,	Hobbs, New	Mexico
To show gas	Oil Casing h	ransporter (check or Dry Jead gas Cor	Gas	Other (explain	below)	
Remarks						
The undersigned ce	rtifies that th				-	complied with.
· · · · · · _	Execute	d this the 7th	day of	By	, <u>19_63</u>	
Approved by				C. D. BORLANP Tide Area Production Manager		
	C € 1 ≤ 1	G, the	L ~ N / M	Company	Corporation	
Date					Hobbs, New 1	jexico