NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA ** FIL : U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS		CERTIFIC	CATE O	SANT			FORM C-110 (Rev. 7-60)	
PRCRATION OFFICE						HE APPROPRIATE OFFI	Ail CE	
Company or Operator					Lease Well No.			
Unit Letter	Section	Township	<u> </u>	Range	ars (3	County		
Pool	15	203			<u> 97-</u>	Kind of Lease (State, Fea	l,Fee)	
If well produces oil or condensate Uni						Township Range		
give location of tanks Authorized transporter of oil arc condensate					Address (give o	ddress to which approved co	py of this form is to be sent)	
Atlantic Sipeline Company P.C. Box 1190, Midland, Texas								
Is Gas Actually Connected? Yes <u>No</u> <u>No</u>								
Authorized transporter of casing head gas 🚺 or dry gas 🗌 Date Con- nected					Address (give address to which approved copy of this form is to be sent)			
sarran Petroleum Corporation				U6 3	P.O. Box 67, Monument, New Mexico			
REASON(S) FOR FILING (please check proper box) New Well Change in Transporter (check one) Other (explain below) Oil Oil Casing head gas Remarks								
	ifies that the Executed	Le Rules and Regula I this the 1755 TION COMMISSION	day_of		By Title	mmission have been comp , 19 63		
Title		s sa 🖌			Company			
Date			<u></u>		Address	tel (11 Company t 68, Junice, Hey	Next 00	