NUMBER OF COPIES RECEIVED	CERTIFIC	SAN ATE OF CO			S S	
OPERATOR	FILE THE OR	IGINAL AND 4	COPIES WITH TH	E APPROPRIATE O	1	
Company or Operator				Lease	Well No.	
Continental Oil Co	····	Range		Britt B County	21	
Unit Letter Section T J 10	Cownship 20S	Kange	37E	Lea		
Pool		······		Kind of Lease (State	e, Fed,Fee)	
Seir-Blinebry		Unit Letter	Section	Federal Township	Range	
If well produces oil or conden give location of tanks	sate	G	15	20 S	37E	
Authorized transporter of oil X or cond	lensate		Address (give add	dress to which approv	ed copy of this form is to be sent)	
Atlantic Pipe Line Compan	ıy		Box 1190,	Midland, Texa	15	
	ls Gas Act	tually Connect	ed? Yes X	No		
Authorized transporter of casing head gas	s [X] or dry gas [Date Con-	Address (give add	dress to which approv	ed copy of this form is to be sent)	
		nected				
Warren Petroleum Company 2-26-64			Box 67, Monument, New Mexico			
			•	ership		
Change in Trans Oil) Gas	Change in Owne Other (explain b Change in undesigna effective	ership	X atbn from Blinebry Pool	
Change in Trans Oil Casing head Remarks	sporter (check one)) Gas	Change in Owne Other (explain b Change in undesigna effective proration NAME ATLAN ARCO	ership below) pool designa ted to Weir-B with the Aug	X atbn from Blinebry Pool	
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