UMBER OF PUNNS REFERVED DISTRIBUTION ANTA FF ILE S.G.S. AND OFFICE RANSPORTER GAS RORATION OFFICE		CERTIFIC	CATE OF CO TRANSPOR	MPLIANCE TOIL AND			
Company or Operator	Contine	ical Odi G		OFILS WITH	Lease tate 10	Well No.	
Unit Letter D	Section	Township 218	Range	378	County Lea		
Pool Tubb					Kind of Lease (State Fed.	(ee) (. ee	
If well prod	uces oil or cond location of tanks	ensate	Unit Letter	Section	Township 213	Range 37E	
Authorized transporter Texas-New M		re line Sc		Box 151	oddress to which approved copy		
			Ctually Connect	Address (give of	No address to which approved cop	y of this form is to be sent)	
Authorized transporter of casing head gas or dry gas Date Connected Skally 011 Company				Low 2005; Indice, New Mexico			
	Change in T. Oil Casing h	ransporter (check or Dry	Gas	Change in Ov	whetship		
C/L	nmogs (. 18 (8)	110		ommission have been compl	ied with.	
The undersigned ce	Execute	d this the	day of	epá erlitar	, 19		
. 0		TION COMMISSIO		Ву			
Approved by	,)		Title	District Supe	rintendent	
Title				Company	igiasiw Corporate		
Date				Address			