NUMBER OF COPIES RECEIVED		- ~ -				~~		
DISTRIBUTION		N	EW MEX		CONSERVAT	ION COMMENSION	F	ORM C-110
BANYA FI FILE				SANT	TA FE, NEW M	EXICO		(Rev. 7-60)
U.I.G.3		CERTIFICATE OF COMPLIANCE AND ADD STORFT AT HON						
TRANSPORTER		TO TRANSPORT OIL AND NATURAL GAS						
GAS PRORATION OFFICE								
0PERATOR		FILE THE ORIGINAL AND & COPIES WITH THE APPROVE OF OMICE SO I WALL NO						
Company or Operator		<u></u>			Lease	- 20	Well No.	
	A. TRAINE	ER				Wilson "G"		11
Unit Letter Section Township Range						County		
Q	2	215	<u></u>	1	34E	Lea		
Pool	at an art of					Kind of Lease (State, Fed, Fee)		
	signated		Unit Let	Section	State Township	Range		
If well produces oil or condensate Unit Letter give location of tanks Q					2	215		34E
						address to which approved copy of this form is to be sent)		
Authorized transporter of	oil X of co	ondensate						
P. O. Box 3119								
THE PERMIAN CORPORATION Midland, Texas								
Is Gas Actually Connected? YesNo								
Authorized transporter of	casing head g	gas or dry gas	1 1 1	e Con-	Address (give ad	dress to which approved copy of	this form	n is to be sent)
nected								
I feas is not being sold	eive reasons	and also explain its	i present di	sposition:	1			
If gas is not being sold, give reasons and also explain its present disposition:								
New	Well. Lo	ow volume. N	No mar	ket				
REASON(S) FOR FILING (please check proper box)								
New Well 💭 Change in Ownership								
Change in Transporter (check one) Other (explain below)								
Oil Dry Gas								
Casing head gas . Condensate								
l								
Remarks						· · · · · · · · · · · · · · · · · · ·		
				1 011 0		minoion have been sensitied -	,;,h	· · · · · · · · · · · · · · · · · · ·
The undersigned certi	fies that the	Rules and Regula	tions of	the Oil Co	onservation Com	mission have been complied w		
1	Francis	this the <u>14</u>	day_of	. Ti	ine	. 19.63 . //		
				VL	By /			
OIL	CON SERVA	TION COMMISSION	1		1/11 raine	>		
Approved by	6	A			(*	LA	7	
$ \setminus . nC$	$\uparrow 1' /$	1	/		Title C.	W. Trainer		
171	L X //	ame	1		Own	er-Operator		
Title	$\bigvee \lor$				Сотраву			
Y /								
L					Address C.	W. TRAINER		
Date						0000 11 11 11 11		
					Box	2222, Hobbs, New Me	exico	