NUMBER OF OPIES RÉCEIVEÓ OISTRIBUTION ANTA FC FILL I UIS C.S I LAND OF VICL OIL TH ANSPONTEL OIL JANS PRORATION SERIEL OPERATON	CERTIFICA TO T	SAN TE OF CO RANSPOR	T OIL AND	AND AUTHORIZA NATURAL GAS	TION	FORM C-110 (Rev. 7-60)
Company or Operator	FILE THE ORIG	INAL AND 4 C	OPIES WITH TH	E APPROPRIATE OFFIC	E	
Pour Constants Providents Partoretion				Lease		Well No.
Unit Letter Section Township Range			1	County		
1. 1.9 21-8						
Pool				Kitd of Lease (State, Fed, Fee)		
If well produces oil c: condens give location of tanks	it Letter	Section	Township	Range		
Authorized transporter of oil to or condensate			Address give address to which approved copy of this form is to be sent)			
ukeuli (Tpe Cauco (mgeretilen - Dor						
Is Gas Actually Connected? YesNo						
Authorized transporter of casing head gas for dry gas Date Con- nected			Addtess (give address to which approved copy of this form is to be sent)			
Skally Ol. Buynny						
If gas is not being sold, give reasons and also explain its present disposition:						
REASON(S) FOR FILING (please of New Well				ership [
Remarks				·······		
Malife enaples d'affat	2049 (2013)	i og Jacob				
The undersigned certifies that the Rul	es and Regulations	of the Oil Cor	servation Comm	ission have been complied	l with.	
Executed this the $\frac{17}{2}$ day of $\frac{19}{2}$, 19						
		/ of	By	, 19		
Approved by				a de la companya de la compa		
Justie M.	t	Title Actes and the constant of the te				
Title			Company			
Date			Address			
			Eoz (3 -	50) 2 3 .		