NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OFFICE OPERATION OFFICE OPERATOR Company or Operator	t Gackle,	CERTIFI T(FILE THE O		SANT OFBBO	TA FE	ANCE AND NO.	ON COMMISSION XICO AND AUTHORIZAT ATURAL GAS APPROPRIATE OFFICE Lease E. F. King	
Unit Letter		Township		Range		i. E	County	
Pool Lengle Mettix					Kind of Lease (State, Fed Fee)			
If well produce	isate	1			Section	Township	Range	
give lo	den sate			12 s (give add	23 ress to which approved copy o	of this form is to be sent)		
Authorized transporter of oil or condensate Midlend Texas								
Is Gas Actually Connected? Yes X No								
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)								
United Carbon Co. 5-462 Eunice New Nexico								
New Well					(please check proper box) Change in Ownership			
R em ark s								
The undersigned certi	fies that the R Executed th	5t		he Oil Co	onservat Ma	ion Commi	ission have been complied	with.
01L	<u></u>	ON COMMISSION			By		_ 1 _	0
Approved by			, 		Title	K	27. M.	aten
		· · · · · · · · · · · · · · · · · · ·			Ĝ	olégie	-	· /
Title					Company Albert Gackle, Operator			
Date					Addre	\$5		