NUMBER OF OTHER RECEIVED   CONTRIBUTION   SAMPA DE CONTRICE   OPERATOR   Company of Operator   TEXACO Inc.   Unit Letter   D   33   Pool   Undesignated D:   If well produces oil or condens	CERTIFICATE OF TO TRANSP FILE THE ORIGINAL AND Ownship 22-S rinkard	COMPLIANCE ORT OIL AND	TION COM' SION MEXICO AND AUTHORIZAT NATURAL GAS HE APPROPRIATE OFFICE Lease A. H. Blinebry N County Lea Kind of Lease (State, Fed, Fe Federal Township	Well No. ICT-1 15	
give location of tanks E Authorized transporter of oil X or condensate Texas New Mexico Pipe Line		P. O. Midla	Address (give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas		
Is Gas Actually Connected? Yes <u>X</u> No Authorized transporter of casing head gas Date Con Address (give address to which approved copy of this form is to be sent)					
Authorized transporter of casing head gas Skelly Oil Compar- If gas is not being sold, give reasons and	62 P. O. Eunice	Address (give address to which approved copy of this form is to be sent) P. O. Box 1135 Eunice, New Mexico			
REASON(S) FOR FILING (please check proper box)     New Well   X     Change in Ownership   Change in Ownership     Change in Transporter (check one)   Other (explain below)     Oil   Dry Gas     Casing head gas   Condensate					
Remarks	` <del>`</del>				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>16</u> day of <u>March</u> , 19 <u>62</u> . By					
OIL CONSERVATION COMMISSION Approved by T(the		Title	Assistant District Superintendent		
Date		TEXAC Address	O Inc.	u Mortino	
		r. 0.	Box 728, Hobbs, Ne	W MEXICO	