B 2 Pool Undesignated If well produces of	CERTIFI T FILE THE C COTATION POTATION	CATE OF CO O TRANSPOR	TA FE, NEW ME MPLIANCE A TOIL AND I OPIES WITH THE Section 22 Address (give add	XICO AND AUTHOR NATURAL GAS APPROPRIATE O Lease U. S. Smelting County Lea Kind of Lease (State, Federal Township 24-S ress to which approved	FFICE Well No. g-USA I Fed,Fee) Range 32-E d copy of this form is to be sent)
Is Gas Actually Connected? YesNo Authorized transporter of casing head gas or dry gas Date Connected None Address (give address to which approved copy of this form is to be sent)					
REASON(S) FOR FILING (A New Well			(please check proper box) Change in Ownership		
Remarks Change operation effective MA The undersigned certifies	R 1 1961				emeco Cerporation,
U					
E	executed this the	day_ofMAR	1 1961	_ , 19	
OIL CON	SERVATION COMMISSION		Ву		
Approved by	A.C.		Title District P. Company	reduction Supe	A. W. Lang arintendent
			Tenneco Co	rperation	
Date			Address Box 307, E	obbs, Nev Nex	100