NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FT FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS	CERTIFI	SAN CATE OF CO	TA FE, NEW M MPLIANCE	AND AUTHORIZ	
PRORATION OFFICE	······	· · · · · · · · · · · · · · · · · · ·			10 01 AM '63
Company or Operator	orporation	A C	OPIES WITH TF	E APPROPRIATE OFF Lease E. C. Hill Tr.	Well No.
· · · · · · · · · · · · · · · · · · ·	tion Township	Range		County	
0 27 233					
Pool Teague Ellenk	ourger			Kind of Lease (State, Fe Foderal	d, Fee)
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range
Authorized transporter of oil Condensate			Address (give ac	dress to which approved co	by of this form is to be sent)
numorized numspiriter of on T					
Gulf Refining Comp	bany		P.O. Box	1150, Midland,	lexas
		ctually Connecte	d? Yes ¥	No	
Authorized transporter of casing head gas k or dry gas Date Connected Address (give address to which approved copy of this form is to be sent)					
El Paso Natural Gas Co. P.O. Box 1394, Jal, New Mexico					
Char. C	REAS Well age in Transporter (check or Dil Dry Casing head gas . Cor	<i>ie)</i> Gas	Change in Own Other (explain	per your memo:	
Remark s					
The undersigned certifies t	that the Rules and Regul	ations of the Oil Co	inservation Com	nission have been comp	lied with.
E	xecuted this the4th	l_day ofNOV		, 19 63 .	
. OIL CON	SERVATION COMMISSIO	м	By	~*	
Approved by			Company	f Oil Corporatio	n
Date			Address). Box 980, Kerni	