(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OF AND NATURAL GAS

Company o	r Operat	or Olsen	011s,	Inc.		Leas	eFarr	swor	th
Well No	1	_Unit Letter	B S	18 _T	26 _R 37	Pool Jal	mat		
County	Lea		Kind of	Lease	(State, Fed	l. or Pater	nted) Fe	edera	1
	duces oil	or condensa	ite, giv	e locat	ion of tanks	::Unit G	s 18 T	26	R 37
		rter of Oil o							
					** * * *				
	(Give a	ddress to wh	nich app	roved	copy of this	form is to	o be sent	t)	
Authorized	Transpo	rter of Gas_		TIT TOO	o warmar	das comb	any	·	
Address		ddress to wh		adr's	NEW MOXICO	,			
If Gas is no	ot being s	sold, give re	easons a	and als	o explain it	s present o	dispositi	on:	
		Please chec		•				ndens	_() ate ()
Change in (Ownershi	n		(X)	Other				
Remarks:		p	···-		<u> </u>	Give expl	anation	below)
	ge of co	ompany name	from	R. 01:	sen 011 Co	mpany to	Olsen		
mission ha	ve been o	rtifies that t complied wit	h.			of the Oil	Conserv	ation	Com-
Executed th	nis the	37_day of_	Ac	t	19 <u>58</u>	*			
					By 5	uthan	Well	011	
Approved_			1	19	Title	Production	on Fores	nan	
OIL (CONSERV	ATION COM	MISSIG	NC	Compan	yOlser	011s,	Ine.	
Ву	M	Ma	11/		Address	Bo x 6	6 91		
Title						Jal,	New Me	x1co	