DISTRIBUTION SANTA FE	NEW MEXICO :	} are akya .	***************************************		
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Provide Chil Reports	& Gas Services, Inc., Bo	ox 763. Hobbs	. New Mexico	88 2 LO	
Reason(s) for filing (Check proper			Please explain)	OOCHO	
Recompletion	Change in Transporter of		,		
Change in Ownership	war gar	XX			
		90 0 11 m			
If change of ownership give name	ne				
and address of previous owner_	ne	~ · · · · · · · · · · · · · · · · · · ·			
DESCRIPTION OF WELL AN	ND I FACE				
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ESIGNATION OF TRANSPO					County
Name of Authorized Transporter of	ORTER OF OIL AND NATURAL	<u>(</u>			
	or Condensate	er i Fight	ess to which approv	ed copy of this form	so be sent)
Name of Authorized Transporter of	Casinghead Gas or Dry Cas 1				
El Paso Natural Gas	Company		ess to which approv	ed copy of this form	to be sent)
f well produces oil or liquids,	Unit Sec. Twp. Age	P.O. Box 1	492, El Paso,	Texas 79978	
rive location of tanks.	F 25 25S 36E	*******	nected? When	n.	
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