NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FF FILE U.S.G.S. LAND OFFICE TRANSPORTER PRORATION OFFICE OFERATOR		CERTIFIC	TA FE, NEW M MPLIANCE T OIL AND	AND SULETIFOR EZA	M *63				
	·	FILE THE ORI	IGINAL AND 4 C	OPJES WITH TH	E ANTROPRIATE OFF				
Company or Operator				Lease	Well No.				
Gulf Oil Corporati					Lillie	3			
Unit Letter Section Township Rang E 23 24S			Kange		County Lea				
Pool		<u> </u>			Kind of Lease (State, Fed	l Feel			
1	Fusselman	1				Fee			
If well produces oil or condensate Unit Letter				Section	Township	Range			
give lo	cation of tanks		Е	23	24-5	37-Е			
Authorized transporter of Shell Pipe Id	ne Corpora	tion Is Gas Act	ually Connecte	P.O. Box d? Yes_X	1910, Midland, To				
Authorized transporter of casing head gas 🔔 or dry gas 🗋 Date Connected Address (give address to which approved copy of this form is to be sent)									
El Paso Natural If gas is not being sold, a				P.O. Box	1384, Jal, New 1	Mexico			
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Oil Dry Gas Gasing head gas Condensate									
Remarks The undersigned certifi	es that the Ru	les and Regulatio	ons of the Oil Co	nservation Comn	nission have been compli	ied with.			
	Executed th	is the <u>8th</u>	day of Novemb	er	, 19 63_ .				
		N COMMISSION		Ву	· · · · · · · · · · · · · · · · · · ·				
Approved by	A the second of	Cleme	ent	Company	ea Engineer lf Oil Corporatio	on			
Date		,		Address P•	0. Box 980, Kerm	it, Texas			

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE		IEW MEXICO OIL CONSERVATION COMI JON FORM C-110										
FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE		SANTA FE, NEW MEXICO (Rev. 7-60) CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS										
OPERATOR	·	FILE THE OF	RIGINAL AND 4 C	COPIES WITH	THE APPRO	PRIATE OFFICE	<u>+ 01</u>					
Company or Operator	n		Lease AU	Lillie	Well No.							
Unit Letter E	Section To 23	ownship 24	- S Range	37 - E	County	······································	Lea					
Pool Kind of Lease (State, Fed, Fee)												
If well product give loc	Unit Letter				Fee Range							
Authorized transporter of	E	Address (give		24 - S ch approved copy of	$\frac{37 - E}{\text{f this form is to be sent}}$							
Shell Pipe Line Corporation P. 0. Box 1910, Midland, Texas												
Is Gas Actually Connected? Yes X No												
Authorized transporter of	casing head gas	X or dry gas [Date Con- nected	Address (give	address to whi	ch approved copy of	f this form is to be sent)					
El Paso Natural Gas Company 4-26-63 P. O. Box 1384, Jal, New Mexico												
If gas is not being sold, give reasons and also explain its present disposition:												
REASON(S) FOR FILING (please check proper box)												
New Well												
	as	Other (explain Gas tie		75								
	Casing head g	as. 🗌 Conde	nsate	ORD UTE .		X						
Remarks												
The undersigned certific			ons of the Oil Co	servation Con	mission have	e been complied w	ith.					
Executed this the 29 day of August , 19 63												
······	ON SERVATION	COMMISSION		By		- frank frank						
Approved by				Title ,	I. Y. Fu	police_						
Title				Company	Area E	ngineer						
					Gulf O	1 Corporati	on					
Date				Address								
					P. 0. H	lox 980, Kern	mit, Texas					