NUMBER 0F / OPIES RECEIVED   OISTRIBUTION   SANTA FI   FILL   U S () S   LAND OF FICE   THANSPORTER   OIL   OFERATION OFFICE   OFERATION OFFICE	CERTIFICA TO T	SANT TE OF CA RANSPOR	A FE, NEW M	AND AUTHORIZAT	FORM C-110 (Rev. 7-60)
Company or Operator	1. Company		IS PM	E APPROPRIATE OFFICE 18 28 State JM	Well No.
Unit Letter Section	Township	Range		County	
Pool B 2	258	[	<b>37</b> E	Kind of Lease (State, Fed.Fed	2)
	-Devonian/Fuse	<b>it Letter</b>	Section	Ste	ite
If well produces oil or conde give location of tanks	usate	B	2	25S	Range <b>37E</b>
Authorized transporter of oil 🚺 or con	ndensate		Address (give add	dress to which approved copy of	f this form is to be sent)
Texas-New Mexico Pipe 1	line Company		P. O. Box	1510, Midland, Tea	23.5
		lly Connected	d? Yes_	No	
Authorized transporter of casing head g	as 🗶 or dry gas	Date Con- nected	Addtess (give add	dress to which approved copy of	f this form is to be sent)
El Paso Natural Gas Com	meny.	4-12-62	P. O. Bo	x 1384, Jal, New Me	xico
0i1	nsporter (check one) Dry Gas . d gas . Condense		Othe: (explain b	elow)	
Well connected f	to El Paso Neta	unal Gas Co	mpeny syst	em 12:00 Noon, 4-12	2-62.
The undersigned certifies that the H				ission have been complied .	with.
	this the <b>12th</b> da	y ofAp	By	, 19,	
OIL CONSERVAT	ON COMMISSION		5. B. D	eal (K)	1
21 1	/		Title		·····
Frile -			Divisio Company	n Production Super	Intendent
			Shall (	il Company	
Date			Address		
			Box 135	8, Roswell, New Mer	<b>E1CO</b>