NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FI FILE U.S.G.S. LAND OFFICE OIL GAS PRORATION OFFICE OPERATOR Company or Operator Unit Letter Section T	CERTIFICATE OF TO IRANS		AND AUTHOR	9 32 AM 763 Well No.
If well produces oil or condensate give location of tanks Unit Letter Section Township Range Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent) Is Gas Actually Connected? Yes No Authorized transporter of casing head gas or dry gas Date Con Address (give address to which approved copy of this form is to be sent)				
If gas is not being sold, give reasons and also explain its present disposition: REASON(S) FOR FILING (please check proper box) New Well				
Remarks The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the day of, 19				
OIL CONSERVATION COMMISSION				
Approved by Title Geologia	Title Company	<u> </u>		
Date		Address	· · · · · · · · · · · · · · · · · · ·	