NUMBER OF COP			CERTIFI	CATE OF C	OMPLI	NEW ME			FORM C-110 (Rev. 7-60)	
Сотралу о	r Operator	Howard C.	Smith	Smith				Lease 42 Well No. Graham Paige 1		
Unit Letter	r O	Section 27	Township 24 S	36 E		County				
Pool Jalmat						Kind of Lease (State, Fed Fee) Foderal				
If well produces oil or conde give location of tanks						Section 27	Township 24 S 36 E			
Authorized			ondensate		Addres		ress to which approved	copy of this		
		Corporat			Bo	x 311 9,	, Midland, Texa	r.S		
			ls Gas Ac	tually Connec	ted? Y	es	No X			
Authorized transporter of casing head gas or dry gas Date Con- nected Address (give address to uhich approved copy of this form is to be sent)										
REASON(S) FOR FILING (please check pr New Well Change in Owne Change in Transporter (check one) Other (explain b) Oil Oil Casing head gas Condensate							ship	<u>X</u>		
Remarks The under	Dı	rilling (ange of oper ompany to Ho Rules and Regula	ward C. Sm	ith.	ion Commi	ssion have been com	plied with.		
			this the 11th		Janu		19 63 .			
OIL CONSERVATI				By						
Approved b	Approved by						Title			
Title	<u> </u>				Age Compa				<u> </u>	
					_	ard C.	Smith			
Date						Kristrivi).	a La AS ISENA CES Balancew Man.10			