NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FI FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS VPRORATION OFFICE OPERATOR Company of Operator Pan American Pstroleum Unit Letter Section Unit Letter K 15 Pool Fowler Tubb-Gas If well produces oil or cond give location of tank Authorized transporter of oil or co	CERTIFICAT TO THE ORIGIN A Corporation Township 24-S Lensate Sondensate	SAN TE OF CO RANSPOR	TOILAND OPIES WITH TH 37-E Section 15 Address (give ad	AND	Fee) Federal Range 37=E
Shell Pipe Lina Corpor		<u> </u>		· · ··································	
	ls Gas Actual	ly Connecte	+	_ No	
Authorized transporter of casing head gas or dry gas Date Con- nected			Address (give address to which approved copy of this form is to be sent)		
El Paso Natural Gas C		0-17-63	Box 1281 -	Jal, New Mexbo	
REASON(S) FC New Well Change in Transporter (check one) Oil Dry Gas Casing head gas . Condensate .		···· x	G (please check proper box) Change in Ownership		
R emark s					
The undersigned certifies that the	Rules and Regulations	of the Oil Co	onservation Com	mission have been complie	ed with.
Executed	this the 29th day	of <u>Uctol</u>	oer	, 19 63	
	ION COMMISSION		By	1 01	
Approved by Title	••••••••••••••••••••••••••••••••••••••		Title Area Super Company	intendent	oration
Date NOV 4	53		Address Box 68 = F	obbs, New Mexico	