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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

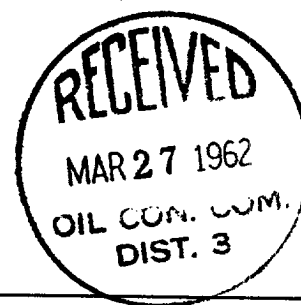
Company or Operator SOCONY MOBIL OIL COMPANY, INC.				Lease Jicarilla "D"		Well No. 2	
Unit Letter A	Section 14	Township 26N	Range 3W	County Rio Arriba			
Pool Gavilan Pictured Cliffs				Kind of Lease (State, Fed, Fee) Fed. (Indian)			
If well produces oil or condensate give location of tanks			Unit Letter A	Section 14	Township 26N	Range 3W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>				Address (give address to which approved copy of this form is to be sent) P. O. Box 1256, Farmington, New Mexico			
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	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 ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☒

Change in Ownership ☐
 Other (explain below)



Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **26th** day of **March**, 19 **62**.

OIL CONSERVATION COMMISSION

By

Approved by

Original Signed By
A. C. KENDRICK

P. M. Barry

Title

Dist. Prod. Supt.

Title

PETROLEUM ENGINEER DIST. NO. 3

Company

SOCONY MOBIL OIL COMPANY, INC.

Date

MAR 27 1962

Address

P. O. Box 3371, Durango, Colorado

FORM 0-110
(Rev. 3-59)

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

LAND OIL FIELD	
NAME	
STATE	
COUNTY	
TOWNSHIP	
RANGE	
SECTION	
WELL NO.	
PRODUCER	
OPERATOR	

FILE THIS CERTIFICATE WITH THE APPROPRIATE OFFICE

Company or Operator	
Unit Name	Section Township Range
Port	Kind of Lease (State, Federal)
If well produces oil or condensate give location of well	
Authorized transport of oil <input type="checkbox"/> or condensate <input type="checkbox"/>	
If gas is not being sold give reasons and also explain its proposed disposition	
Is Oil Actually Transported? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Authorized transport of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	
Additional notes or remarks in which approved copy of this form is to be sent	

REASON(S) FOR FILING (Please attach proper copy)

New Well ☐
 Changes in Transportation ☐
 Oil ☐
 Casing head gas ☐

Check in Operator's Office ☐
 Check in Operator's Office ☐

Remarks:

The undersigned certifies that the facts and figures shown on the Oil Conservation Commission have been complied with.

Examined this _____ day of _____, 19____.

OIL CONSERVATION COMMISSION

Approved by:

by

Title

Company

Address

Date