NUMBER OF COPI			,-		
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SANTA FE		7			
FILE					
U.S.G.S.			1		
LAND OFFICE			1		
TRANSPORTER	OIL	/	1		
	GAS		1		
PRORATION OFFI	CE		1		
OPERATOR		0	1		

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

GPERATOR J		EU E TUE C	DICINAL	AND 4 C	ODIEC	WITH TH	IE ADDD	OBBLATE	EEICE				
Company or Operator					OFIES	OPIES WITH THE APPROPRIATE OFFICE Lease Well							
Capacidated Oil & Gas Ins.				Tribal				• 4					
Unit Letter				Range			County						
	6	26 N			3 W		Ria Arreiba						
Pool	•				-		Kind of L	ease (State,	Fed, Fee)	-			
If well produces oil or condensate Unit Letter				Section	on Township Range								
If well produces oil or condensate give location of tanks			Section		Towns	mp	Range	Kange					
Authorized transporter of oil or condensate				Address (give address to which approved copy of this form is to be sent)									
Denver Petroleum Corp.				P.O. Box 898 Benver, Colorado									
		Is Gas A	ctually (Connecte									
						Address (give address to which approved copy of this form is to be sent)							
Authorized transporter of casing head gas or dry gas Date Con- nected													
If gas is not being sold,					Į.								
it gas is not being soid, į	give reasons	and also explain its	present di	sposition.									
		DEAS	ON(S) FOR	EII INC	(-1	a abaab n	sanas has	.1					
New Well					Change in Ownership								
Change in Transporter (check one)					Other	omer (explain velou)							
Oil Dry Gas													
,				*									
Remarks								 	······································				
Remarks													
									, e%.4	la colonida de			
The undersigned certif	ies that tha	Rules and Recul-	ations of	the Oil Co	onserva	tion Com	mission h	ave been con	mplied with.				
The undersigned certif	ies mat me	Ruies and Regui	utions or	011 01									
	Executed	this the	day of	- Octo	ber_		, 19		a second				
OIL	CONSERVA	TION COMMISSIO	N		Ву	. 17			0 (27.2)	1964			
Approved by						lis	le	6/	taill	in A A			
Original Sign	ned Eme	ery C. Arnol	d		Title		A decay	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Title					Compa	any							
Supervisor Dist.	# 3					<i>P</i>		م ووم شہ	. A na ***:-				
Date					Addre	ss Con	orrani	1 00 U11 (t tide atte				
0 0 0004						2.0.	. Box 2	2/33. Pa	rmington,	Ham Marian			
OCT 2 9 1964						• • •				HAM WEVTON			