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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 "G"		Well No. 6	
Unit Letter M	Section 36	Township 27N	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 M	Section 36	Township 27N	Range 3W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> Industrial Oil Company				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 _____ No _____							
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. R. KENDRICK	P. M. Barry
Title		Dist. Prod. Supt.
Date		Company SOCONY MOBIL OIL COMPANY, INC.
		Address P. O. Box 3371, Durango, Colorado

FORM C-110 (Rev. 7-60)		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO		COUNTY OF _____ TOWNSHIP OF _____ RANGE OF _____ SECTION _____ TOWNSHIP _____ RANGE _____	
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
WITH THE MINE, MINERAL AND A QUARRY WITH THE APPROPRIATE OFFICE					
Company or Operator		Unit Number			
Pool		If well produces oil or condensate give location of tanks			
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>		Authorized transporter of natural gas <input type="checkbox"/>			
Is this vehicle connected to the well?		Date this certificate was issued			
Submit this certificate with a duplicate copy of this form to the local		Submit this certificate with a duplicate copy of this form to the local			