

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

Form C-110
Revised 7/1/55

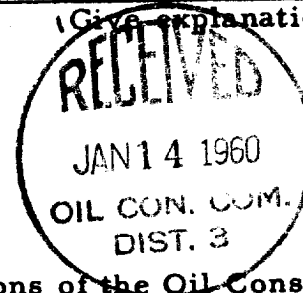
(File the original and 4 copies with the appropriate district office)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Company or Operator SKELLY OIL COMPANY Lease J. W. Goddard
Well No. 3 Unit Letter K S 11 T 24N R 12W Pool Gallegos - Gallup
County San Juan Kind of Lease (State, Fed. or Patented) Federal
If well produces oil or condensate, give location of tanks: Unit 6 S 11 T 24N R 12W
Authorized Transporter of Oil or Condensate _____

Address _____
(Give address to which approved copy of this form is to be sent)
Authorized Transporter of Gas El Paso Natural Gas Company
Address Box 997, Farmington, New Mexico Date Connected _____
(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:

Reasons for Filing: (Please check proper box) New Well _____ ()
Change in Transporter of (Check One): Oil () Dry Gas () C'head (☒) Condensate ()
Change in Ownership _____ () Other _____ ()
Remarks: _____
(Give explanation below)



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

Executed this the 19th day of January 19 60

Approved JAN 14 1960 19 60

OIL CONSERVATION COMMISSION
Original Signed By
By A. R. KENDRICK
Title PETROLEUM ENGINEER DIST. NO. 3

By (Signed) P. E. Cosper
Title District Superintendent
Company SKELLY OIL COMPANY
Box 426
Address Farmington, New Mexico

1. Name of the person: _____
 2. Date of birth: _____
 3. Place of birth: _____
 4. Nationality: _____
 5. Occupation: _____
 6. Address: _____
 7. Telephone: _____
 8. E-mail: _____
 9. Signature: _____
 10. Date: _____

11. Name of the person: _____
 12. Date of birth: _____
 13. Place of birth: _____
 14. Nationality: _____
 15. Occupation: _____
 16. Address: _____
 17. Telephone: _____
 18. E-mail: _____
 19. Signature: _____
 20. Date: _____

REFUGEE STATUS COMMISSION		
APPLICATION FORM		
Name of the person: _____		
Date of birth: _____		
Place of birth: _____		
Nationality: _____		
Occupation: _____		
Address: _____		
Telephone: _____		
E-mail: _____		
Signature: _____		
Date: _____		
Name of the person: _____		
Date of birth: _____		
Place of birth: _____		
Nationality: _____		
Occupation: _____		
Address: _____		
Telephone: _____		
E-mail: _____		
Signature: _____		
Date: _____		