

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NUMBER OF COPIES RECEIVED</td> <td colspan="2" style="text-align: center;">5</td> </tr> <tr> <td colspan="4" style="text-align: center;">DISTRIBUTION</td> </tr> <tr> <td>SANTA FE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>FILE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>U.S.G.S.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>LAND OFFICE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TRANSPORTER</td> <td>OIL</td> <td></td> <td></td> </tr> <tr> <td></td> <td>GAS</td> <td></td> <td></td> </tr> <tr> <td>PRODUCTION OFFICE</td> <td></td> <td></td> <td></td> </tr> <tr> <td>OPERATOR</td> <td></td> <td></td> <td></td> </tr> </table>	NUMBER OF COPIES RECEIVED		5		DISTRIBUTION				SANTA FE				FILE				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) <div style="font-size: 2em; margin-top: 10px;">B.T.</div>
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																																											
Company or Operator Secony Mobil Oil Company, Inc.		Lease Boulder	Well No. 14-23																																								
Unit Letter M	Section 23	Township 28N	Range 1W																																								
Pool Boulder Maneros		Kind of Lease (State, Fed, Fee) Fed. (Indian)																																									
If well produces oil or condensate give location of tanks		Unit Letter N	Section 14																																								
		Township 28N	Range 1W																																								
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation		Address (give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, New Mexico																																									
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" 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 <input type="checkbox"/>		Change in Ownership <input type="checkbox"/>																																									
Change in Transporter (check one)		Other (explain below)																																									
Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>																																											
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>																																											
Remarks																																											
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																																											
Executed this the <u>30</u> day of <u>September</u> , 19 <u>62</u> .																																											
OIL CONSERVATION COMMISSION		By																																									
Approved by Original Signed By A. R. KENDRICK		P. M. Barry																																									
Title PETROLEUM ENGINEER DIST. NO. 3		Title Dist. Prod. Supt.																																									
Date SEP 27 1962		Company Secony Mobil Oil Company, Inc.																																									
		Address P. O. Box 3371 Durango, Colorado																																									

