

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 Southwest Production Company Lease Callow Federal

Well No. #1 Unit Letter I S 33 T 29N R 13W Pool Totah-Gallup

County San Juan Kind of Lease (State, Fed. or Patented) Fed. SF-078931-D

If well produces oil or condensate, give location of tanks: Unit I S 33 T 29N R 13W

Authorized Transporter of Oil or Condensate Four Corners Pipe Line Company

Address P. O. Box 1588, Farmington, New Mexico

(Give address to which approved copy of this form is to be sent)

Authorized Transporter of Gas _____

Address _____

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)

Filed to change oil transporter.



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

Executed this the 19th day of February 19 61

Original signed by
Carl W. Smith

By _____

Approved _____ 19 _____

Title Production Superintendent

OIL CONSERVATION COMMISSION

Company Southwest Production Company

By Original Signed Emery C. Arnold

Address 162 Petr. Center Bldg.
Farmington, New Mexico

Title Supervisor Dist. # 3

1. Name of the person or persons who reported the accident

2. Name of the person or persons who caused the accident

3. Name of the person or persons who were injured

4. Name of the person or persons who were killed

5. Name of the person or persons who were damaged

6. Name of the person or persons who were arrested

7

8. Name of the person or persons who were arrested

9. Name of the person or persons who were arrested

10. Name of the person or persons who were arrested

11. Name of the person or persons who were arrested

12. Name of the person or persons who were arrested

13. Name of the person or persons who were arrested

STATE OF NEW MEXICO	
OIL FIELD SAFETY REPORT	
REPORTING OFFICE	
NAME OF FIELD OFFICE	
DATE OF ACCIDENT	
TIME OF ACCIDENT	
LOCATION OF ACCIDENT	
TYPE OF ACCIDENT	
CAUSE OF ACCIDENT	
TRANSPORTER	
OIL FIELD	
PRODUCTION FIELD	
OPERATOR	