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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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Skelly Oil Company				Lease Mexico-Fed "H"		Well No. 1	
Unit Letter "F"	Section 15	Township 29-N	Range 11-W	County San Juan			
Pool Basin Dakota				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter "F"	Section 15	Township 29-N	Range 11-W	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>				Address (give address to which approved copy of this form is to be sent) 306 V & J Tower Bldg. - Midland, Texas			
McWood Corporation							
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent) P. O. Box 997 - Farmington, New Mexico			
El Paso Natural Gas Co.							

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 checked="" type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input 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>November</u> , 19 <u>61</u> .	
OIL CONSERVATION COMMISSION	By (ORIGINAL SIGNED) H. E. Aab
Approved by Original Signed By A. R. KENDRICK	Title Dist. Supt.
Title PETROLEUM ENGINEER DIST. NO. 3	Company Skelly Oil Company
Date DEC 26 1961	Address Box 38 - Hobbs, New Mexico

