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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

**NEW MEXICO OIL CONSERVATION CO. SSION**  
**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 <i>Skelly Oil Company</i>				Lease No. <i>11-12-23</i>		Well No. <i>21</i>	
Unit Letter <i>0</i>	Section <i>31</i>	Township <i>16-S</i>	Range <i>37-E</i>	County <i>Lea</i>			

Pool <i>10752100</i>	Kind of Lease (State, Fed, Fee) <i>State</i>
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If well produces oil or condensate give location of tanks	Unit Letter <i>J</i>	Section <i>31</i>	Township <i>16-S</i>	Range <i>37-E</i>
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Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> <i>Texas-New Mexico Pipeline Company</i>	Address (give address to which approved copy of this form is to be sent) <i>P.O. Box 440, Midland, Texas</i>
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Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <i>Skelly Oil Company</i>	Date Connected <i>?</i>	Address (give address to which approved copy of this form is to be sent) <i>10752100, Lovington New Mexico</i>
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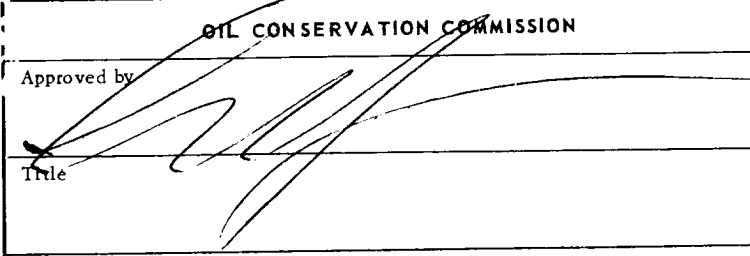
If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

New Well ..... <input type="checkbox"/>	Change in Ownership ..... <input checked="" type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>	<i>Change Name of Lease</i>
Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>	

Remarks  
*Produced by Skelly Oil Co. 1962. 11-12-23*  
**Skelly Oil Company's - State "O" Well No. 3.**

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

Executed this the _____ day of _____, 19____.	
Approved by 	By <b>(ORIGINAL SIGNED) H. E. Aab</b>
Title	Title
Date	Address