

|                           |     |
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| 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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|   |                      |                         |                     |                                       |                      |
|---|----------------------|-------------------------|---------------------|---------------------------------------|----------------------|
| Company or Operator<br><b>Continental Oil Company</b> |                      |                         |                     | Lease<br><b>Block 3-15 Unit A/C 2</b> | Well No.<br><b>1</b> |
| Unit Letter<br><b>G</b>                               | Section<br><b>15</b> | Township<br><b>22-N</b> | Range<br><b>7-E</b> | County<br><b>Log</b>                  |                      |

|                           |   |
|---------------------------|---|
| Pool<br><b>Tubb (Gas)</b> | Kind of Lease (State, Fed, Fee)<br><b>Federal</b> |
|---------------------------|---|

|  |             |         |          |       |
|--|-------------|---------|----------|-------|
| If well produces oil or condensate<br>give location of tanks | Unit Letter | Section | Township | Range |
|--|-------------|---------|----------|-------|

|   |  |
|---|--|
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> | Address (give address to which approved copy of this form is to be sent) |
| <b>None</b>   |  |

Is Gas Actually Connected? Yes  No

|   |                                 |   |
|---|---------------------------------|---|
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> | Date Connected<br><b>1-1-61</b> | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 181, Log, New Mexico</b> |
|---|---------------------------------|---|

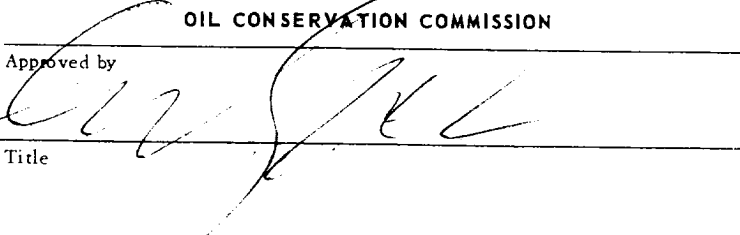
If gas is not being sold, give reasons and also explain its present disposition:

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

- New Well .....
- Change in Ownership .....
- Change in Transporter (check one)
  - Oil .....  Dry Gas ....
  - Casing head gas .  Condensate . .
- Other (explain below)  
**Change in Designation**

Remarks  
**This well formerly designated: S. N. Elliott Block Unit A/C 2 No. 1-7**  
**Dist: G/4 NMOCG WAM SM File**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
Executed this the 27th day of October, 1961.

|   |  |   |
|---|--|---|
| <b>OIL CONSERVATION COMMISSION</b>  |  | By                                      |
| Approved by<br> |  | Title<br><b>District Superintendent</b> |
| Title   |  | Company                                 |
| Date  |  | Address                                 |