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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRORATION 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 Gulf Oil Corporation				Lease B. V. Oalp (NCT-9) B 11 11		Well No. 1	
Unit Letter J	Section 31	Township 19-S	Range 37-E	County LOA			

Pool Mount Gas	Kind of Lease (State, Fed Fee) Fee		
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If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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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)		
7 1/2			

Is Gas Actually Connected? Yes No

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)	
Northern Natural Gas Company		P. O. Box 2376, Hobbs, New Mexico	

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) <input checked="" type="checkbox"/>
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

To change name of gas transporter.

Remarks

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

Executed this the 24th day of February, 19 61.

Approved by 	By
	Title Area Production Manager
Title	Company Gulf Oil Corporation
Date	Address P. O. Box 2167, Hobbs, New Mexico