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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 OCT 1 2 28 PM '63

Company or Operator <i>State "A" Tract 5 Well No. 8</i>			Lease <i>State "A" Tract 5 Well No. 8</i>	Well No. <b>6</b>
Unit Letter <b>B</b>	Section <b>9</b>	Township <b>19-S</b>	Range <b>38-E</b>	County <i>Lea</i>

Pool <i>State "A" Tract 5 Well No. 8</i>	Kind of Lease (State, Fed, Fee) <i>Lease</i>
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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)
<i>State "A" Tract 5 Well No. 8</i>	<i>State "A" Tract 5 Well No. 8</i>

*Is Gas Actually Connected?* Yes \_\_\_\_\_ No \_\_\_\_\_

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
<i>State "A" Tract 5 Well No. 8</i>		<i>State "A" Tract 5 Well No. 8</i>

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

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

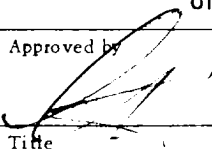
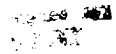
New Well ..... <input type="checkbox"/>	Change in Ownership ..... <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>	<i>State "A" Tract 5 Well No. 8</i>
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	<i>State "A" Tract 5 Well No. 8</i>

**State "A" Tract 5 Well No. 8**

Remarks

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

Executed this the 30th day of SEPTEMBER, 1963.

OIL CONSERVATION COMMISSION  Approved by   Title	By   Title
	Company  Address
Date	Address