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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)
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <i>Shell Oil Corporation</i>			Lease Graham State (NCF-F)		Well No. 6
Unit Letter P	Section 36	Township 19S	Range 36E	County <i>Lea</i>	

Pool Monument-Blinobry	Kind of Lease (State, Fed, Fee) State
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If well produces oil or condensate give location of tanks	Unit Letter 0	Section 36	Township 19S	Range 36E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <i>Shell Pipeline Corporation</i>	Address (give address to which approved copy of this form is to be sent) <i>Shell Pipeline Corp, 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>Acres Petroleum Corporation</i>	Date Connected	Address (give address to which approved copy of this form is to be sent) <i>Acres Petroleum Corp, Midland, Oklahoma</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 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"/>	

change of transportation schedule of oil

Remarks

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

Executed this the 1st day of February, 1964.

OIL CONSERVATION COMMISSION		By <i>[Signature]</i>
Approved by <i>[Signature]</i>		Title <i>Assistant Production Manager</i>
Title <i>Supervisor - District #1</i>		Company <i>Shell Oil Corporation</i>
Date <i>1/28/64</i>		Address <i>2000 E. 10th St.</i>