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| SANTA FE                  |            |
| FILE                      |            |
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| LAND OFFICE               |            |
| TRANSPORTED               | OIL<br>GAS |
| PRODUCTION OFFICE         |            |
| OPERATOR                  |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

HOBBS OFFICE O.C.C.  
NOV 4 8 43 AM '63

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|   |                     |                        |                             |                      |
|---|---------------------|------------------------|-----------------------------|----------------------|
| Company or Operator<br><b>SUN OIL COMPANY</b> |                     |                        | Lease<br><b>J. A. Akens</b> | Well No.<br><b>9</b> |
| Unit Letter<br><b>0</b>                       | Section<br><b>3</b> | Township<br><b>21S</b> | Range<br><b>36E</b>         | County<br><b>Lee</b> |

|  |   |                     |                       |                    |
|--|---|---------------------|-----------------------|--------------------|
| Pool<br><b>Oil Center (Blinery)</b>                          | Kind of Lease (State, Fed, Fee)<br><b>Fee</b> |                     |                       |                    |
| If well produces oil or condensate<br>give location of tanks | Unit Letter<br><b>X</b>                       | Section<br><b>3</b> | Township<br><b>21</b> | Range<br><b>36</b> |

|  |  |
|--|--|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> | Address (give address to which approved copy of this form is to be sent) |
| <b>Atlantic Pipe Line Company</b>  | <b>Reswell, New Mexico</b>   |

|   |                 |  |
|---|-----------------|--|
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                    |                 |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> | Date Connected  | Address (give address to which approved copy of this form is to be sent) |
| <b>Phillips Petroleum Company</b>   | <b>10-28-63</b> | <b>Barklesville, Oklahoma</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) Other (explain below)

Oil . . . . .  Dry Gas . . . . .

Casing head gas . . . . .  Condensate . . . . .

Remarks

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

Executed this the 1 day of November, 19 63.

|                             |   |    |
|-----------------------------|---|----|
| OIL CONSERVATION COMMISSION |   | By |
| Approved by                 | <i>F. R. Nicholson</i>                          |    |
| Title                       | <b>Manager, Crude Oil Department</b>            |    |
| Date                        | <b>SUN OIL COMPANY</b>                          |    |
|                             | Address<br><b>Box 2880, Dallas, Texas 75221</b> |    |