

NUMBER OF COPIES RECEIVED	5
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 <b>Continental Oil Company</b>			Lease <b>Cave Pool Unit</b>	Well No. <b>47</b>
Unit Letter <b>J</b>	Section <b>8</b>	Township <b>17</b>	Range <b>29</b>	County <b>Eddy</b>
Pool <b>Cave</b>			Kind of Lease (State, Fed, Fee) <b>state</b>	

If well produces oil or condensate give location of tanks	Unit Letter <b>K</b>	Section <b>8</b>	Township <b>17</b>	Range <b>29</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>Texas New Mexico Pipe Line Company</b>	<b>Box 1510, Midland, Texas</b>			

Is Gas Actually Connected? Yes  No

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected <b>3-1-62</b>	Address (give address to which approved copy of this form is to be sent)		
<b>Phillips Petroleum Company</b>		<b>Phillips Building, Odessa, Texas</b>		

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

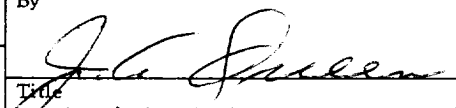
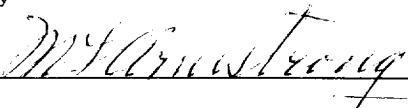
**RECEIVED**  
**APR 30 1963**  
**D. P. P.**  
**ARTESIAL OFFICE**

**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"/>	<b>Change in operator and well designation.</b>

Remarks  
 This well was formerly the Kincaid and Watson Atlantic State No. 3.  
 Effective with the unitization of the Cave Pool on 5-1-63, it was renumbered  
 Cave Pool Unit No. 47.

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  
 Executed this the 29 day of April, 19 63.

<b>OIL CONSERVATION COMMISSION</b>		By
Approved by		Assistant District Superintendent
 <b>OIL AND GAS INSPECTOR</b>		
Title	Company	Address
	<b>Continental Oil Company</b>	
Date	<b>Box 427, Hobbs, New Mexico</b>	
<b>APR 30 1963</b>		

