## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

Form C-110 Revised 7/1/55

(File the original and 4 copies with the appropriate district office) EIVED

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION DEC 1.4 1959 TO TRANSPORT OIL AND NATURAL GAS

Well No. 1 Unit Letter M S16 T17s R 31F Pool Grayburg-Jackson  County Eddy Kind of Lease (State, Fed. or Patented) State  If well produces oil or condensate, give location of tanks: Units: / S 10 T 17s R 31  Authorized Transporter of Oil or Condensate Texas-New Mexico Pipe Line Co.  Address Box 1510 Fidland, fexas  (Give address to which approved copy of this form is to be sent)  Authorized Transporter of Gas Skelly Jil Co.  Address Paliamar, N. Mex. Date Connected 10-23-59  (Give address to which approved copy of this form is to be sent)  If Gas is not being sold, give reasons and also explain its present disposition:  Reasons for Filing: (Please check proper box) New Well ()  Change in Transporter of (Check One): Oil () Dry Gas () C'head (*) Condensate ( Change in Ownership () Other ()  Remarks: (Give explanation below)  The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.  Executed this the 11th day of December 19 59 Original Signed By: H. P. SHACKELFORD  By  DEC 1 4 1959  Approved 19 Title Area supt.	Company	Owner: Getty Oil Cor Operator Tidewa	Company ter Sil Company	Lease	States
If well produces oil or condensate, give location of tanks: Units: /4 S 16 T 175 R 31  Authorized Transporter of Oil or Condensate	Well No			,	yburg-Jackson
Address Box 1510 **idland, **Iexas**    Give address to which approved copy of this form is to be sent)   Authorized Transporter of Gas	· · · · · · · · · · · · · · · · · · ·		ind of Lease (State	Fed. or Patente	ed) State
Address Box 1510 **idland, **Iexas**    Give address to which approved copy of this form is to be sent)   Authorized Transporter of Gas	If well pro	duces oil or condensat	e, give location of	tanks: Unitsk/4 S	16 T 175 R 31E
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Clive address to which approved copy of this form is to be sent	Authorized	Transporter of Gas_	Skelly Jil Co		
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By ML (Innstruction Address Box 547 Hobbs, N. F.	By ///(	limitrong	Add	lress_Box 547	Hobbs, N. F.
Title	Title	BIL WAR GAS INSPECTO			

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OPERATOR				
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