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U.S.G.S.	
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TRANSPORTER	OIL
	GAS
PRORATION 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)

*BT*

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Francis L. Harvey</b>	Lease <b>Gartner Ward</b>	Well No. <b>2</b>
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Unit Letter <b>H</b>	Section <b>21</b>	Township <b>18N</b>	Range <b>3W</b>	County <b>Sandoval</b>
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Pool <b>San Luis Mesa Verde</b>	Kind of Lease (State, Fed, Fee) <b>Federal</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>H</b>	Section <b>21</b>	Township <b>18N</b>	Range <b>3W</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>La Mar Trucking Co.</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 1528 Farmington N.M.</b>
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Is Gas Actually Connected? Yes \_\_\_\_\_ No \_\_\_\_\_

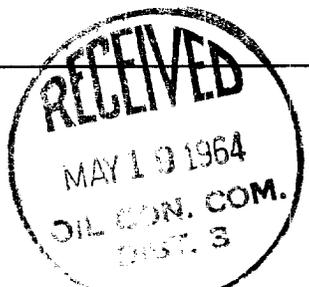
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its 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 checked="" type="checkbox"/> Dry Gas . . . . . <input type="checkbox"/>	<b>Oil now being sold Inland Crude Oil Co.</b>
Casing head gas . . . . . <input type="checkbox"/> Condensate . . . . . <input type="checkbox"/>	<b>Box 1528 Farmington N. M.</b>

Remarks



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

Executed this the 15 day of May, 19 64

OIL CONSERVATION COMMISSION	By <i>Francis L. Harvey</i> <b>Francis L. Harvey</b>
Approved by <b>Original Signed Emery C. Arnold</b>	Title <i>Operator</i> <b>Operator</b>
Title <b>Supervisor Dist. # 3</b>	Company
Date <b>MAY 19 1964</b>	Address <b>P.O.Box 990 Wichita Falls, Texas</b>