## 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)

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

| Company or Operator standard (A.) Company of Text                                 | Lease Federal 11 (03533)             |
|-----------------------------------------------------------------------------------|--------------------------------------|
| Well No. 11 #1 Unit Letter A S 11 T 24M                                           | R 10W Pool Bisti Lower Gallup        |
| County San Juan Kind of Lease (Sta                                                | te, Fed. or Patented) Federal        |
| If well produces oil or condensate, give location                                 | of tanks: Unit A S 11 T 24 R 10      |
| Authorized Transporter of Oil or Condensate Fou                                   | r Corners Pipeline Co.               |
| Address Bex 1995; Compton, Calif.                                                 |                                      |
| (Give address to which approved copy                                              | of this form is to be sent)          |
| Authorized Transporter of Gas                                                     |                                      |
| Address                                                                           |                                      |
| (Give address to which approved copy                                              |                                      |
| If Gas is not being sold, give reasons and also ex                                |                                      |
| No outlet available - Gas is being flare                                          | <u> </u>                             |
|                                                                                   |                                      |
|                                                                                   | NT 11 1                              |
| Reasons for Filing: (Please check proper box)                                     |                                      |
| Change in Transporter of (Check One): Oil (x) D                                   | ry Gas ( ) C'head ( ) Condensate ( ) |
| Change in Ownership ( ) Ot                                                        | Give explanation below)              |
| Remarks:  Former transporter was El Pase Natural G                                |                                      |
| The undersigned certifies that the Rules and Regumission have been complied with. |                                      |
| Executed this the 12 day of august 190                                            | 9                                    |
|                                                                                   | By Wantry                            |
| Approved AUG 1 3 1959 19                                                          | Title Field Foreman                  |
| OIL CONSERVATION COMMISSION                                                       | Company Standard (il Ce. of Texas    |
| By Original Suprese Ermory C. Aurold                                              | Address Box 1581                     |
| Title Supervisor Dist #3                                                          | Farmington, New Mexico               |

| URL CONSERVATION COMMISSION |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |             |
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