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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)

*BT*

**FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE**

Company or Operator **Astec Oil and Gas Company** Lease **Robinson** Well No. **10-4**

Unit Letter **K** Section **22** Township **20N** Range **13W** County **San Juan**

Pool **Chas. Chas. Gallup** Kind of Lease (State, Fed, Fee) **Fed.**

If well produces oil or condensate give location of tanks Unit Letter Section Township Range

Authorized transporter of oil ☒ or condensate ☐  
**Four Corners Pipeline** Address (give address to which approved copy of this form is to be sent)  
**Box # 2640, Houston, Texas.**

**Is Gas Actually Connected? Yes \_\_\_\_\_ No \_\_\_\_\_**

Authorized transporter of casing head gas ☐ or dry gas ☐ Date Connected Address (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:

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☐  
 Change in Transporter (check one)  
 Oil ..... ☒ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate . ☐

Change in Ownership ..... ☐  
 Other (explain below)



Remarks

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

Executed this the 14th day of April, 1961.

**OIL CONSERVATION COMMISSION**

Approved by  
**Original Signed By**  
**A. R. KENDRICK**

Title  
**PETROLEUM ENGINEER DIST. NO. 3**

Date  
**APR 14 1961**

By  
**ORIGINAL SIGNED BY JOE C. SALMON**

Title  
**Joe C. Salmon**  
**District Superintendent**

Company  
**Astec Oil and Gas Company**

Address  
**Denver # 570, Farmington, New Mexico**

STATE OF TEXAS	
OIL FIELD PRODUCTION REPORT	
DATE OF REPORT	
NUMBER OF WELLS	
CITY	
COUNTY	
LAND OWNERS	
TRANSPORTER	OIL C/S
PRODUCTION REPORT	
OPERATOR	