

NUMBER OF COPIES RECEIVED DISTRIBUTION		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 AZTEC OIL AND GAS COMPANY				Lease Smith		Well No. C-1
Unit Letter 0	Section 13	Township 29N	Range 13W	County San Juan		
Pool Totah Gallup				Kind of Lease (State, Fed. Fee) Fee		
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> El Paso Natural Gas Products Co.				Address (give address to which approved copy of this form is to be sent) Box 1565, Farmington, New Mexico		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>						
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)			
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 checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the 13th day of July , 19 61 .						
OIL CONSERVATION COMMISSION				By ORIGINAL SIGNED BY JOE C. SALMON		
Approved by Original Signed Emery C. Arnold				Title Joe C. Salmon District Superintendent		
Title Supervisor Dist. # 3				Company Astec Oil and Gas Company		
Date JUL 17 1961				Address Drawer # 570, Farmington, New Mexico		

STATE OF MICHIGAN	
OIL & GAS COMMISSION	
PERMIT TO DRILL	
WELL NO. 123456789	
COUNTY OF WASHTENAW	
TOWNSHIP OF ...	
SECTION ...	
RANGE ...	
TOWNSHIP ...	
COUNTY ...	
STATE ...	
DATE OF PERMIT ...	
APPROVED BY ...	
SIGNATURE ...	
TITLE ...	
COMPANY ...	
ADDRESS ...	
CITY ...	
STATE ...	
ZIP ...	
PHONE ...	
FAX ...	
E-MAIL ...	
WEB ...	
OPERATOR ...	