| DISTRIBUT N ()  |     |  |      |  |  |  |  |
|-----------------|-----|--|------|--|--|--|--|
| SANTA FF        |     |  |      |  |  |  |  |
| FILE            |     |  | مسسس |  |  |  |  |
| U.S.G.S.        |     |  |      |  |  |  |  |
| LAND OFFICE     |     |  |      |  |  |  |  |
| TRANSPORTER     | OIL |  |      |  |  |  |  |
| THANSPORTER     | GAS |  |      |  |  |  |  |
| PROBATION OFFIC | ε   |  |      |  |  |  |  |

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

FORM C-110 (Rev. 7-60)

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

|   |  | I FILE THE O   | KIGINAL   | AND 4 C        | OPIES  | WIIH IH                    | E APPROPRIATE        | OFFICE                               |  |  |
|---|--|--|-----------|----------------|--|----------------------------|----------------------|--------------------------------------|--|--|
| Company or Operator                                       |  |  |           |                |  | Lease Mangalan AA Well No. |                      |                                      |  |  |
| Unit Letter   |  |  |           |                |  | I                          | County               |                                      |  |  |
| Pool .  |  |  |           |                |  | Kind of Lease (Stat        |                      |                                      |  |  |
| If well produces oil or condensate give location of tanks |  |  |           |                |  |                            |                      |                                      |  |  |
|   |  |  |           |                |  | Section                    | Township             | Rang                                 | ;e   |  |
| Authorized transporter of oil or condensate               |  |  |           |                | Addres   | s (give ad                 | dress to which appro | ved copy of this f                   | orm is to be sent)   |  |
| erin (1820) i Period                                      | ani Sun S  | ್ರಿಕ್ಟಾಗಳ  |           |                | - 1.7  | . (*),8                    | . The way the second | and the same                         | Ö.   |  |
|   |  | Is Gas A   | ctually ( | Connecte       | d? Y   | e <i>s</i>                 | No                   |                                      |  |  |
| Authorized transporter                                    | 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) |  |           |                |  |                            |                      |                                      |  |  |
|   | \$ (#\$\$p*  |  |           |                |  |                            |                      |                                      |  |  |
| If gas is not being sold                                  | =  |  |           | isposition:    |  |                            |                      |                                      |  |  |
| <sup>20</sup> - 1488 <b>ेड्ड</b>                          | t. V <sub>199</sub> ;  | for butter its   | : 3 (     |                |  |                            |                      |                                      |  |  |
|   |  |  |           |                |  |                            |                      |                                      |  |  |
|   |  |  |           |                |  |                            |                      |                                      |  |  |
|   | 37   |  |           | R FILING       |  |                            |                      |                                      |  |  |
|   |  |  |           | . 🗆            |  | ge in Owne<br>(explain b   | ership               | ••••                                 |  |  |
|   | -  | Dry  | •         |                |  | -                          |                      |                                      |  |  |
| Casing head gas . Condensate                              |  |  |           |                | ్ స్ట్రామ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ్మ  |                            |                      |                                      |  |  |
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|   |  |  |           |                |  |                            |                      |                                      |  |  |
| D   |  |  |           |                |  |                            |                      |                                      |  |  |
| Remarks   | ន បង្គាប់ក្នុងសន្តិន   | Part Carlot  |           | 143 <b>6</b> 6 | in Santa                                       | During ex                  | ell competing        |                                      |  |  |
| ±44 o±  | 19 시생왕 <b>왕</b> 요  | to the state of th |           |                |  |                            |                      |                                      |  |  |
|   |  |  |           |                |  |                            |                      |                                      |  |  |
|   |  |  |           |                |  |                            |                      |                                      | and the second s |  |
| The undersigned cert                                      | tifies that the  | e Rules and Regula   | ations of | the Oil Co     | nservai  | ion Comm                   | ission have been     | complied with.                       |  |  |
|   |  | d this the   |           |                |  |                            |                      | N.L.                                 | LITEU \  |  |
| 011   |  | TION COMMISSION  |           |                | By   |                            |                      | , ccD                                | 1 4 1964   |  |
| Approved by   |  | COMMISSION   |           |                | -  |                            |                      | 7.00                                 | on. com.   |  |
| Original Signed Emery C. Arnold                           |  |  |           |                | Title Probling a Cremetical Supervision 3      |                            |                      |                                      |  |  |
| Title   | Signed   | MIELY O. Pu  |           |                | _L   |                            | acto Participa       | ****                                 |  |  |
|   |  |  |           |                | 1 1  |                            | ngia in itaning      | हा <u>। स्टब्स्ट</u>                 |  |  |
| Supervisor Dist. 15 9                                     |  |  |           |                | Address And STORY Particulation West And Store |                            |                      |                                      |  |  |
| FFB 1 4 1964  |  |  |           |                |  |                            | 人名英雷克特 机线线           | - Philippia (Lead Inc.) (String<br>- | !  |  |

|                |          | <del></del> |         |
|----------------|----------|-------------|---------|
| DIS            | TRIBUTIO | N           | <u></u> |
| BANTA FE       |          |             | 1       |
| FILE           |          | 7           | 1       |
| U.S.G.S.       |          |             |         |
| LAND OFFICE    |          |             | Τ΄      |
|                | OIL      |             |         |
| TRANSPORTER    | GA5      |             |         |
| PRORATION OFFI | 3.5      |             |         |
| OPERATOR       |          | 1           |         |

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

**FORM C-110** (Rev. 7-60)

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

| PRORATION OFFICE   |              |              |                                       |                |  |  |                          |   | Í                      |                  |
|--|--------------|--------------|---------------------------------------|----------------|--|--|--------------------------|---|------------------------|------------------|
| OPERATOR   | <del></del>  |              | FILE THE                              | ORIGINAL       | AND 4 C                                | OPIES  | WITH TH                  | IE APPROPRIATE                            | OFFICE                 |                  |
| Company or Operator  |              |              |                                       |                |  | Lease C  |                          |   | Well No. 7-0           |                  |
| Unit Letter  | 0            | Section      | Township                              |                | Range                                  |  |                          | County                                    |                        |                  |
| Pool   |              |              |                                       |                |  |  |                          | Kind of Lease (Star                       | te, Fed, Fee)          |                  |
| If well produces oil or condensate give location of tanks  Unit Letter |              |              |                                       |                |  |  | Section                  | Township                                  | Range                  |                  |
| Authorized trans   | sporter of ( | or o         | condensate                            |                |  |  |                          | ldress to which appro                     | ved copy of this for   | m is to be sent) |
|  |              |              | ls Gas                                | Actually C     | Connecte                               | d? Y   | 'es                      | _No                                       |                        |                  |
| Authorized trans   |              |              | gas or dry ga                         | nect           |  |  | ss (give ad              | ldress to which appro                     | ved copy of this for   | n is to be sent) |
|  |              |              |                                       |                |  |  |                          |   |                        |                  |
|  |              |              | REA                                   | SON(S) FOR     | RFILING                                | (pleas   | e check j                | proper box)                               |                        |                  |
|  |              | Change in T  | ransporter (check                     | one)<br>ry Gas |  |  | ige in Own<br>r (explain | ership                                    |                        |                  |
| Remarks  |              |              |                                       |                |  |  |                          | Line was well a wife                      | RECEI                  | VED              |
| The undersign  | ed certifi   | ies that the | Rules and Regi                        | ulations of t  | the Oil Co                             | onserva  | tion Com                 | mission have been                         | complied with.         | U54              |
| <b>3</b>   |              |              |                                       |                |  |  |                          | 달라  | OIL LON.               | COM.             |
|  |              | Execute      | d this the                            | day of .       | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |                          | , 19                                      | V DEEK                 | 2/               |
| <br>   | 01L C        | ONSERVA      | TION COMMISSI                         | 0 N            |  | Ву   |                          |   | SA)                    |                  |
| Approved by  |              |              |                                       |                |  | Title  |                          | - 4 % A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | · / 52/                |                  |
| Origi  | nal Si       | gned Er      | mery C. Ar                            | nold           |  |  |                          | VII   | ji din Kangaranga<br>M | 4,340            |
| Title  |              |              |                                       |                |  | Comp   | any<br>Line 1 et         | MIT A RESIDE                              | kas Pierijaks          | Ç.               |
| Superv   | visor Dis    | t. # 3       | · · · · · · · · · · · · · · · · · · · |                |  | <b></b>  |                          |   |                        |                  |
| Date   |              |              |                                       |                |  | Address  Handle Mark Company C |                          |   |                        |                  |
| .,4∧ .   | J 196        | 4            |                                       |                |  |  |                          |   |                        |                  |