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**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 <i>W. B. Smith</i>				Lease <i>W. B. Smith</i>		Well No. <b>133</b> <b>33</b>	
Unit Letter <b>D</b>	Section <b>9</b>	Township <i>13N</i>	Range <i>13E</i>	County <i>Santa Fe</i>			
Pool <i>W. B. Smith</i>				Kind of Lease (State, Fed, Fee) <i>State</i>			
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"/>				Address (give address to which approved copy of this form is to be sent) <i>W. B. Smith</i>			
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) <i>W. B. Smith</i>			

If gas is not being sold, give reasons and also explain its present disposition:  
*Gas is being sold to the owner of the well.*

**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 type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

*Transporter of Natural Gas to the well "T" #33*

Remarks

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

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 19 **62**

OIL CONSERVATION COMMISSION		By
Approved by	Original Signed by <b>W. B. Smith</b>	<b>COPY (ORIGINAL SIGNED) H. L. FARRIS DIST. 3</b>
Title	<b>DEPUTY OIL &amp; GAS INSPECTOR DIST. NO. 3</b>	Title
Date	<b>AUG 17 1962</b>	Company
		Address

