

NUMBER OF COPIES RECEIVED _____ DISTRIBUTION SANTA FE _____ FILE _____ U.S.G.S. _____ LAND OFFICE _____ TRANSPORTER _____ OIL _____ GAS _____ PRORATION OFFICE _____ OPERATOR _____		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE			FORM C-110 (Rev. 7-60) HOBBS OFFICE O. C. C. DEC 16 7 40 AM '63	
Company or Operator Coastal States Gas Producing Company			Lease Ainsworth		Well No. 1	
Unit Letter O	Section 22	Township 9-S	Range 33-E	County Lea		
Pool Flying M Abo			Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter O	Section 22	Township 9-S	Range 33-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation			Address (give address to which approved copy of this form is to be sent) V & J Tower Building Midland, Texas			
Is Gas Actually Connected? Yes _____ No <u>X</u>						
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: <div style="text-align: center; font-size: 1.2em;">Flared - No Present Market</div>						
<div style="text-align: center; font-weight: bold;">REASON(S) FOR FILING (please check proper box)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> New Well <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> </div> <div style="width: 45%;"> Change in Ownership <input type="checkbox"/> Other (explain below) <div style="text-align: center; font-size: 1.1em;">Change in Pool Designation</div> </div> </div>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. Executed this the <u>9th</u> day of <u>December</u> , 19 <u>63</u> .						
OIL CONSERVATION COMMISSION			By			
Approved by						
Title			Production Superintendent			
Date			COASTAL STATES GAS PRODUCING COMPANY			
			Address P. O. Box 385, Abilene, Texas			