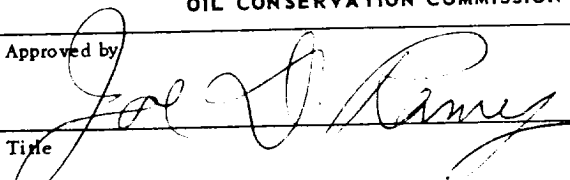
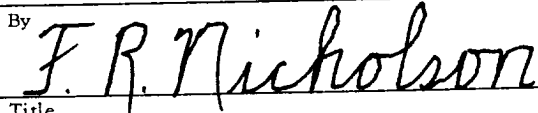


<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NUMBER OF COPIES RECEIVED</td> </tr> <tr> <td colspan="2">DISTRIBUTION</td> </tr> <tr> <td>SANTA FE</td> <td></td> </tr> <tr> <td>FILE</td> <td></td> </tr> <tr> <td>U.S.G.S.</td> <td></td> </tr> <tr> <td>LAND OFFICE</td> <td></td> </tr> <tr> <td>TRANSPORTER</td> <td>OIL</td> </tr> <tr> <td></td> <td>GAS</td> </tr> <tr> <td>PRODUCTION OFFICE</td> <td></td> </tr> <tr> <td>OPERATOR</td> <td></td> </tr> </table>	NUMBER OF COPIES RECEIVED		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	PRODUCTION OFFICE		OPERATOR		<p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</b></p>	<p><b>FORM C-110</b> (Rev. 7-60)</p>
NUMBER OF COPIES RECEIVED																						
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	GAS																					
PRODUCTION OFFICE																						
OPERATOR																						
<p>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</p>																						
Company or Operator <b>Sun Oil Company</b>		Lease <b>State of New Mexico "A"</b>																				
Unit Letter <b>0</b>	Section <b>7</b>	Township <b>11S</b>																				
Range <b>34E</b>		County <b>Lea</b>																				
Pool <b>Undesignated</b>		Kind of Lease (State, Fed, Fee) <b>State</b>																				
If well produces oil or condensate give location of tanks		Unit Letter <b>0</b>																				
		Section <b>7</b>																				
		Township <b>11S</b>																				
		Range <b>34E</b>																				
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>McWood Corporation</b>		Address (give address to which approved copy of this form is to be sent)  <b>701 V and J Bldg. - Midland, Texas</b>																				
Is Gas Actually Connected? Yes <input checked="" 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:  <p style="text-align: center;"><b>No outlet, new area</b></p>																						
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 <u>7</u> day of <u>January</u> , 19 <u>63</u> .																						
OIL CONSERVATION COMMISSION  Approved by   Title		By  Title <b>Manager Crude Oil Department</b> Company <b>Sun Oil Company</b> Address <b>Box 2880, Dallas 21, Texas</b>																				
Date																						