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| SANTA FE                  |            |
| FILE                      |            |
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| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>GAS |
| PRODUCTION OFFICE         |            |
| OPERATOR                  |            |

NEW MEXICO OIL CONSERVATION COM. SION  
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<br><b>Coastal States Gas Producing Company</b>   |                      |                        |                         | Lease<br><b>Skelly State</b>  |                        | Well No.<br><b>1</b> |  |
| Unit Letter<br><b>F</b>  | Section<br><b>21</b> | Township<br><b>9-S</b> | Range<br><b>33-E</b>    | County<br><b>Lea</b>  |                        |                      |  |
| Pool<br><b>Flying "M" (San Andres)</b>   |                      |                        |                         | Kind of Lease (State, Fed, Fee)<br><b>State</b>   |                        |                      |  |
| If well produces oil or condensate<br>give location of tanks   |                      |                        | Unit Letter<br><b>F</b> | Section<br><b>21</b>  | Township<br><b>9-S</b> | Range<br><b>33-E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br><b>Magnolia Pipeline Company</b> |                      |                        |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Main Office: P. O. Box 900<br/>Dallas, Texas<br/>Field: P. O. Box 606, Seminole, Texas</b> |                        |                      |  |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                      |                        |                         |   |                        |                      |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>   |                      |                        | Date Con-<br>nected     | 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:

**Flared - No Present Market.**

**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☐  
Change in Transporter (check one)  
Oil ..... ☒ Dry Gas .... ☐  
Casing head gas . ☐ Condensate.. ☐

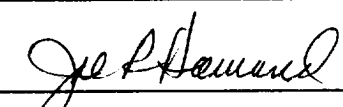

Change in Ownership ..... ☐  
Other (explain below)

Remarks

**Change in Transporter from McWood Corporation, effective December 21, 1964.**

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

Executed this the **16th** day of **December**, 1964..

|   |  |  |
|---|--|--|
| OIL CONSERVATION COMMISSION   |  | By<br> |
| Approved by<br> | Title<br><b>Production Superintendent</b>              |  |
| Title   | Company<br><b>Coastal States Gas Producing Company</b> |  |
| Date  | Address<br><b>P. O. Box 2498, Abilene, Texas</b>       |  |