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| TRANSPORTER | OIL 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 Coastal States Gas Producing Company | | | | Lease Gonsales Federal | | Well No. 1-29 | |
| Unit Letter B | Section 29 | Township 9-S | Range 33-E | County Lea | | | |
| Pool Flying "M" - San Andres | | | | Kind of Lease (State, Fed, Fee) Fed | | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter B | Section 29 | 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) 306 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:

Flared - No Present Market.

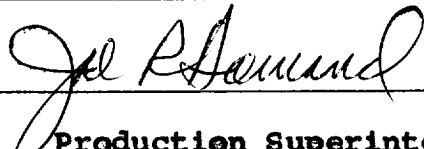
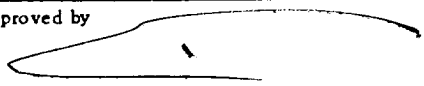
REASON(S) FOR FILING (please check proper box)

| | |
|-----------------------------------------------------------------------------------|----------------------------------------------------|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) X |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | Change in Pool Designation |
| 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 **13th** day of **November**, 19**64**.

| | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by  | Title Production Superintendent | |
| Title | Company COASTAL STATES GAS PRODUCING COMPANY | |
| Date NOV 16 1964 | Address P. O. Box 2498, Abilene, Texas | |