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U.S.G.S.	
LAND OFFICE	
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 <b>Coastal States Gas Producing Company</b>				Lease <b>Sinclair State</b>		Well No. <b>2</b>	
Unit Letter <b>J</b>	Section <b>20</b>	Township <b>9-S</b>	Range <b>33-E</b>	County <b>Lea</b>			
Pool <b>Flying "M" (San Andres)</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>J</b>	Section <b>20</b>	Township <b>9-S</b>	Range <b>33-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119 Midland, Texas</b>			
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 Con- 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 Ownership ..... ☐  
Change in Transporter (check one) Other (explain below) **X**  
Oil ..... ☐ Dry Gas .... ☐  
Casing head gas . ☐ Condensate . . ☐ **Change in Pool Designation**

Remarks

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

Executed this the 1st day of September, 19 64.

OIL CONSERVATION COMMISSION

By

Approved by

Title

Title

**Division Production Engineer**

Company

**Coastal States Gas Producing Company**

Date

Address

**P. O. Box 385, Abilene, Texas**