

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| PRODUCTION OFFICE | |
| OPERATOR | |

| | |
|---|---------------------------|
| NEW MEXICO OIL CONSERVATION COMMISSION 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 APPROPRATE OFFICE

| | | |
|--|-----------------------------------|----------------------|
| Company or Operator <i>Ralph Lowe</i> | Lease <i>Cross roads-State</i> | Well No. <i>1</i> |
|--|-----------------------------------|----------------------|

| | | | | |
|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| Unit Letter <i>0</i> | Section <i>16</i> | Township <i>10-5</i> | Range <i>36-E</i> | County <i>Lew</i> |
|-------------------------|----------------------|-------------------------|----------------------|----------------------|

| | | |
|-----------------------------|---|---------------|
| Pool <i>Undesignated</i> | Kind of Lease (State, Fed, Fee) <i>State</i> | <i>K-3793</i> |
|-----------------------------|---|---------------|

| | | | | |
|--|-------------------------|----------------------|-------------------------|----------------------|
| If well produces oil or condensate give location of tanks | Unit Letter <i>0</i> | Section <i>16</i> | Township <i>10-5</i> | Range <i>36-E</i> |
|--|-------------------------|----------------------|-------------------------|----------------------|

| | |
|--|---|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <i>The Permian Corporation</i> | Address (give address to which approved copy of this form is to be sent) <i>Box 4187, Midland, Texas</i> |
|--|---|

Is Gas Actually Connected? Yes _____ No _____

| | | |
|--|----------------------------------|---|
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <i>Sinclair Oil & Gas Co.</i> | Date Connected <i>4/17/64</i> | Address (give address to which approved copy of this form is to be sent) <i>Box 521, Tulsa, Oklahoma</i> |
|--|----------------------------------|---|

If gas is not being sold, give reasons and also explain its present disposition:

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) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | <i>* Showing Transporter of Gas</i> |
| Casing head gas . <input type="checkbox"/> Condensate... <input type="checkbox"/> | <i>and Date Connected,</i> |

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
Executed this the *22* day of *April*, 19*64*.

| | |
|-----------------------------------|---|
| OIL CONSERVATION COMMISSION | By <i>E. L. [Signature]</i> |
| Approved by <i>[Signature]</i> | Title <i>agent</i> |
| Title | Company <i>Ralph Lowe</i> |
| Date <i>April 22, 1964</i> | Address <i>Box 832, Midland, Texas</i> |