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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)

APR 16 10 16 AM '64

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>Socony Mobil Oil Company, Inc.</b>				Lease State <b>"BB"</b>		Well No. <b>1</b>	
Unit Letter <b>B</b>	Section <b>14</b>	Township <b>10 S</b>	Range <b>32 E</b>		County <b>Lea</b>		
Pool <b>Undesignated</b>				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter <b>B</b>	Section <b>14</b>	Township <b>10 S</b>	Range <b>32 E</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>306 V &amp; J Tower Bldg., Midland, 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 Connected <i>Entered</i>	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:  <b>TSTM</b>							
<p align="center"><b>REASON(S) FOR FILING (please check proper box)</b></p> <p>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"/></p>							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the <u>15th</u> day of <u>April</u> , 19 <u>64</u> .							
OIL CONSERVATION COMMISSION				By <i>[Signature]</i>			
Approved by <i>[Signature]</i>				Title <b>Group Supervisor</b>			
Title <i>SUPPLY DISTRICT</i>				Company <b>Socony Mobil Oil Company, Inc.</b>			
Date <b>APR 15 1964</b>				Address <b>Box 1800, Hobbs, New Mexico</b>			