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| TRANSPORTER               | OIL<br>GAS |
| PRORATION OFFICE          |            |
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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 APPROPRIATE OFFICE

|  |                      |                         |  |   |                      |                      |  |
|--|----------------------|-------------------------|--|---|----------------------|----------------------|--|
| Company or Operator<br><b>Coastal States Gas Producing Company</b>   |                      |                         |  | Lease<br><b>Skelly State</b>  |                      | Well No.<br><b>4</b> |  |
| Unit Letter<br><b>B</b>  | Section<br><b>20</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>B</b> | Section<br><b>20</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><b>Magnolia Pipeline Company</b> |                      |                         |  | Address (give address to which approved copy of this form is to be sent)<br><b>Office: P. O. Box 900, Dallas, Texas</b><br><b>Field: P. O. Box 606, Seminole, Texas</b> |                      |                      |  |
| Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>  |                      |                         |  |   |                      |                      |  |
| 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 ..... ☒      Change in Ownership ..... ☐  
 Change in Transporter (check one)      Other (explain below)  
     Oil ..... ☐      Dry Gas ..... ☐  
     Casing head gas . ☐      Condensate . . ☐

Remarks

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

Executed this the **18th** day of **January**, 19 **65**.

OIL CONSERVATION COMMISSION

Approved by

By

Title

Title

Company

Date

Address

**Production Superintendent**

**Coastal States Gas Producing Company**

**P. O. Box 2498, Abilene, Texas**