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TRANSPORTER	OIL GAS
PRORATION 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 APPROPRIATE OFFICE

Company or Operator Coastal States Gas Producing Company				Lease W. A. State		Well No. 1	
Unit Letter F	Section 32	Township 9-8	Range 33-E		County Lea		
Pool Flying "M" - San Andres					Kind of Lease (State, Fed, Fee) State		
If well produces oil or condensate give location of tanks		Unit Letter F	Section 32	Township 9-8	Range 33-E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) P. O. Box 3119 Midland, Texas			
Is Gas Actually Connected? Yes _____ No X							
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.

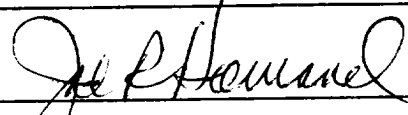
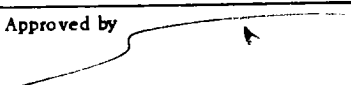
REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
Change in Transporter (check one) Other (explain below) **X**
Oil ☐ Dry Gas ☐ **Change in Pool Designation**
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 **13th** day of **November**, 19 **64**

OIL CONSERVATION COMMISSION		By 
Approved by 	Title Production Superintendent	
Title Secretary	Company COASTAL STATES GAS PRODUCING COMPANY	
Date Nov 13 1964	Address P. O. Box 2498, Abilene, Texas	