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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 Continental Oil Company	Lease Grace Mitchell B	Well No. 2
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Unit Letter P	Section 5	Township 17S	Range 32E	County Lea
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Pool Meljamar	Kind of Lease (State, Fed, Fee) Federal
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If well produces oil or condensate give location of tanks	Unit Letter I	Section 5	Township 17S	Range 32E
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company	Address (give address to which approved copy of this form is to be sent) Box 410 - Artesia, New Mexico
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Is Gas Actually Connected? Yes _____ No

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

No gas connection has been obtained - gas in being flared.

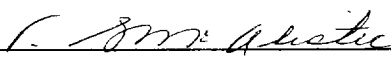
REASON(S) FOR FILING (please check proper box)

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"/>	

Remarks

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

Executed this the **9th** day of **February**, 19**62**.

OIL CONSERVATION COMMISSION	By
Approved by	
Title	District Superintendent
Title	Company Continental Oil Company
Date	Address Box 427 - Hobbs, New Mexico