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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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator Gulf Oil Corporation				Lease Amanda	Well No. 1
Unit Letter J	Section 25	Township 22-S	Range 37-E	County Lea	
Pool Tabb				Kind of Lease (State, Fed, Fee) Fee	
If well produces oil or condensate give location of tanks		Unit Letter J	Section 25	Township 22-S	Range 37-E
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)		
Magnolia Pipeline Co.			Box 1073, Midland, Texas		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)		
Northern Natural Gas Company			P. O. Box 2376, Hobbs, New Mexico		

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) <input checked="" type="checkbox"/> |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> | |

To change name of gas transporter.

Remarks

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

Executed this the 24th day of February, 1961.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		Area Production Manager
Date	Company Gulf Oil Corporation	
	Address P. O. Box 2167, Hobbs, New Mexico	