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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 SINCLAIR OIL CORPORATION <i>Sinclair Oil & Gas Company</i>				Well No. 4	
Unit Letter K	Section 12	Township 25S	Range 37E 36	County Lea	
Pool Jalnet				Kind of Lease (State, Fed, Fee) Fee	
If well produces oil or condensate give location of tanks		Unit Letter K	Section 12	Township 25S	Range 37E
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> None			Address (give address to which approved copy of this form is to be sent)		
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)		
El Paso Natural Gas Company			Box 1384 Jal., 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 ☐ 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 **3rd** day of **January**, 19 **64**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

District Superintendent

Sinclair Oil & Gas Company

**520 East Broadway
Hobbs, New Mexico**