

<div>NUMBER OF COPIES RECEIVED 9</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL GAS</td></tr><tr><td>PRORATION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table>		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL GAS	PRORATION OFFICE		OPERATOR		<div>NEW MEXICO OIL CONSERVATION CO. SSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div> <div>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																			
FILE																			
U.S.G.S.																			
LAND OFFICE																			
TRANSPORTER	OIL GAS																		
PRORATION OFFICE																			
OPERATOR																			
Company or Operator <b>International Oil &amp; Gas Corporation</b>			Lease <b>McCallister</b>		Well No. <b>4</b>														
Unit Letter <b>P</b>	Section <b>15</b>	Township <b>16 S.</b>	Range <b>29 E.</b>	County <b>Eddy</b>															
Pool <b>High Lonesome</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>																
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range														
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)																
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)																
If gas is not being sold, give reasons and also explain its present disposition:																			
<div>REASON(S) FOR FILING (please check proper box)</div> <div><div><div>New Well <input type="checkbox"/></div><div>Change in Transporter (check one)<div><div>Oil <input type="checkbox"/></div><div>Dry Gas <input type="checkbox"/></div><div>Casing head gas <input type="checkbox"/></div><div>Condensate <input type="checkbox"/></div></div></div><div><div>Change in Ownership <input type="checkbox"/></div><div>Other (explain below)<div><div>Converted to injection well</div><div>October, 1968.</div></div></div></div></div></div>																			
Remarks																			
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																			
Executed this the <u>20th</u> day of <u>January</u> , 19 <u>64</u> .																			
OIL CONSERVATION COMMISSION			By																
Approved by			Title																
Title			Company																
Date			Address																