

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	1
OIL GAS	
PRODUCTION OFFICE	
OPERATOR	1

**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 <b>Socony Mobil Oil Company, Inc.</b>				Lease <b>Federal "D"</b>		Well No. <b>1</b>
Unit Letter <b>C</b>	Section <b>17</b>	Township <b>16 S</b>	Range <b>30 E</b>	County <b>Eddy</b>		
Pool <b>Honshaw Grayburg, West</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks		Unit Letter	Section <b>17</b>	Township <b>16 S</b>	Range <b>30 E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Continental Pipe Line Co.</b>				Address (give address to which approved copy of this form is to be sent)  <b>Box 410, Artesia, New Mexico</b>		
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)			
<b>Phillips Petroleum Company</b>			<b>Box 2130, Hobbs, New Mexico</b>			

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 checked="" 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"/>	

**RECEIVED**

**AUG 12 1964**

**O. C. C.**  
**ARTESIA, OFFICE**


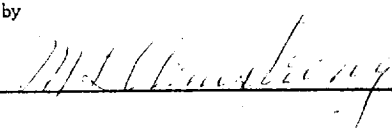
Remarks

**Effective August 1, 1964.**

**From John Trigg.**

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

Executed this the 10th day of August, 19 64

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>Group Supervisor</b>	
Title <b>OIL AND GAS INSPECTOR</b>	Company <b>Socony Mobil Oil Company, Inc.</b>	
Date <b>AUG 12 1964</b>	Address <b>Box 1800, Hobbs, New Mexico</b>	