| ANTA TI | | | DIL CONSERVATION . WISSION | | FORM C-110 (Rev. 7-60) |
|--|--|------------------|--|---------------------------------|--|
| | | | | AND AUTHORIZA NATURAL GAS | |
| | FILE THE ORIG | INAL AND 4 | COPIES WITH TH | E APPROPRIATE OFFI | CE |
| Company or Operator Secony Mobil Oil Company, Inc. | | | | Lease Well No. Federal "C" 7 | |
| Unit LetterSectionTownshipRangeTl ₄ 16S | | | SIE • Eddy | | |
| Pool Square Lake Grayburg, S.A., North | | | Kind of Lease (State, Fed, Fee) Federal | | |
| If well produces oil or condensate give location of tanks | | | Section 4 | Township 165 | Range · 31E |
| Authorized transporter of oil X or conder | isate | **** | Address (give ac | dress to which approved cop | by of this form is to be sent) |
| Continental Pipe Line | Company | · | | Box 410, Art | tesia, New Mexico |
| | ls Gas Actua | ally Connect | ed? Yes <u>X</u> | _No | · · · · · · · · · · · · · · · · · · · |
| uthorized transporter of casing head gas x or dry gas Date Connected Address (give address to which approved copy of this form is to be sent helds of the se | | | | | |
| Phillips Petroleum Com | ipany | | | Box- 2130, H | adesa Refor |
| If gas is not being sold, give reasons and a | lso explain its pres | sent disposition | : | | |
| | REASON(| 5) FOR FILIN | G (please check j | proper box) | |
| Change in Transp Oil | ottet (check one) Dry Gas as . Condens | ••••• | Other (explain | ership below) RECEIVED | x |
| | | | | NOV 2 5 1984 | |
| | | | | O. C. C. | |
| Remaiks | | | | | ······································ |
| Effective: November 1 Former Lease Name Fed | | | | | |
| The undersigned certifies that the Rul | | | | | ied with. |
| | s the $\frac{19}{d}$ d | lay of <u>No</u> | By | <u> </u> | 2 |
| Approved by | 4 | | | Mchlanie | <u> </u> |
| Title MAND GAS INSP | Ŧ | | Company | V Group Super Socony Mobi | il Oil Company, Inc. |
| Date NOV 2 5 1964 | | | Address Box 1800, Hobbs, New Mexico | | |