

| | |
|---------------------------|---|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | 1 |
| FILE | 1 |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | 1 |
| OIL GAS | |
| PRODUCTION OFFICE | |
| OPERATOR | 2 |

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

RECEIVED
FORM NO. 110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | | |
|--|---------------------|-----------------------------|-------------------------|--|-----------------------------|-------------------------|--|
| Company or Operator John H. Trigg | | | | Lease Federal "A" Lease | | Well No. 2-9 | |
| Unit Letter B | Section 9 | Township 16 South | Range 31 East | County Eddy | | | |
| Pool North Square Lake Grayburg | | | | Kind of Lease (State, Fed, Fee) Federal | | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter B | Section 4 | Township 16 South | Range 31 East | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Continental Pipe Line Company | | | | Address (give address to which approved copy of this form is to be sent) Post Office Box 410 Artesia, New Mexico | | | |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| 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:

Gas insufficient to market

RECEIVED
SEP 13 1961
O. C. C.
ARTESIA, OFFICE

REASON(S) FOR FILING (please check proper box)

| | |
|--|--|
| New Well <input checked="" type="checkbox"/> | Change in Ownership <input 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"/> | |

Remarks

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

Executed this the 6th day of September, 19 61.

| | | |
|------------------------------|---|--------------|
| OIL CONSERVATION COMMISSION | | By |
| Approved by | <i>John H. Trigg</i> | Title |
| <i>ML Armstrong</i> | | Owner |
| Title | Company | |
| OIL AND GAS INSPECTOR | John H. Trigg | |
| Date | Address | |
| <i>Sept 7, 1961</i> | Post Office Box 520, Roswell, New Mexico | |