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| SANTA FE                  |         |
| FILE                      |         |
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| TRANSPORTER               | OIL GAS |
| 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<br><b>General American Oil Company of Texas</b>  |                      |                         |                         | Lease<br><b>Green A</b>   |                         | Well No.<br><b>6</b> |  |
| Unit Letter<br><b>H</b>  | Section<br><b>30</b> | Township<br><b>17-S</b> | Range<br><b>29-E</b>    | County<br><b>Eddy</b>   |                         |                      |  |
| Pool<br><b>Empire Abo</b>  |                      |                         |                         | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>   |                         |                      |  |
| If well produces oil or condensate give location of tanks  |                      |                         | Unit Letter<br><b>G</b> | Section<br><b>30</b>  | Township<br><b>17-S</b> | Range<br><b>29-E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>     |                      |                         |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 4157, Midland, Texas</b> |                         |                      |  |
| Is Gas Actually Connected? <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input 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 is flared pending signing of contract.**

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

New Well ..... ☐  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate.. ☐

Change in Ownership ..... ☐  
 Other (explain below)

**Change in pool designation from undesignated to Empire Abo.  
 OGC Order No. R-2167**

Remarks

**RECEIVED**

MAR 2 1962

D. C. C.  
 ARTESIA, OFFICE

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

Executed this the 20th day of February, 1962

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**OIL AND GAS INSPECTOR**

**P. O. Box 416, Loco Hills, New Mexico**