

|                           |     |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED |     |
| DISTRIBUTION              |     |
| SANTA FE                  |     |
| FILE                      |     |
| U.S.G.S.                  |     |
| LAND OFFICE               |     |
| TRANSPORTER               | OIL |
|                           | GAS |
| PRODUCTION 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>O. H. Randel,</b> |                     |                        |                     | Lease<br><b>State B-2130</b>                    |  | Well No.<br><b>3</b> |
| Unit Letter<br><b>H</b>                     | Section<br><b>2</b> | Township<br><b>17S</b> | Range<br><b>30E</b> | County<br><b>Eddy</b>                           |  |                      |
| Pool<br><b>Square Lake</b>                  |                     |                        |                     | Kind of Lease (State, Fed, Fee)<br><b>State</b> |  |                      |

|  |                         |                     |                        |                     |
|--|-------------------------|---------------------|------------------------|---------------------|
| If well produces oil or condensate<br>give location of tanks | Unit Letter<br><b>H</b> | Section<br><b>2</b> | Township<br><b>17S</b> | Range<br><b>30E</b> |
|--|-------------------------|---------------------|------------------------|---------------------|

|   |  |
|---|--|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>Continental Pipe Line Co.,</b> | Address (give address to which approved copy of this form is to be sent)<br><b>Box 410, Artesia, N. M.</b> |
|---|--|

Is Gas Actually Connected? Yes ☒ No ☐

|  |                                       |  |
|--|---------------------------------------|--|
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/><br><b>Shelly Oil Company</b> | Date Connected<br><b>June 1, 1960</b> | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1650, Tulsa 2, Oklahoma</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 ☐ Change in Ownership ☐  
Change in Transporter (check one) Other (explain below)  
Oil ☐ Dry Gas ☐  
Casing head gas ☒ Condensate ☐

RECEIVED

NOV 22 1963

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
NOV 27 1963

O. C. C.  
ARTESIA, OFFICE

Remarks

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

Executed this the **21st.** day of **November**, 19 **63**.

|                                       |  |  |
|---------------------------------------|--|--|
| OIL CONSERVATION COMMISSION           |  | By<br><b>[Signature]</b>                         |
| Approved by<br><b>[Signature]</b>     |  | Title<br><b>Operator,</b>                        |
| Title<br><b>OIL AND GAS INSPECTOR</b> |  | Company<br><b>O. H. Randel,</b>                  |
| Date<br><b>NOV 27 1963</b>            |  | Address<br><b>P. O. Box 236, Carlsbad, N. M.</b> |