

|                           |     |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED |     |
| DISTRIBUTION              |     |
| SANTA FE                  | 15  |
| FILE                      | 15  |
| U.S.G.S.                  |     |
| LAND OFFICE               |     |
| TRANSPORTER               | OIL |
| PHORATION OFFICE          | GAS |
| OPERATOR                  |     |

**NEW MEXICO OIL CONSERVATION MISSION**  
**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>Socony Mobil Oil Company, Inc.</b>  |                      |                                 |  | Lease<br><b>D. E. Fanning</b>  |   | Well No.<br><b>5</b> |  |
| Unit Letter<br><b>L</b>   | Section<br><b>12</b> | Township<br><b>18 S</b>         | Range<br><b>26 E</b>   |  | County<br><b>Eddy</b>                         |                      |  |
| Pool<br><b>Atoka Perm.</b>  |                      |                                 |  |  | Kind of Lease (State, Fed, Fee)<br><b>Fee</b> |                      |  |
| If well produces oil or condensate<br>give location of tanks  |                      | Unit Letter<br><b>I &amp; J</b> | Section<br><b>11</b>   | Township<br><b>18 S</b>  | Range<br><b>26 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) |   |                      |  |
| <b>Continental Pipe Line Company</b>  |                      |                                 |  | <b>Box 367, 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<br><b>8/1/60</b> | Address (give address to which approved copy of this form is to be sent) |  |   |                      |  |
| <b>Phillips Petroleum Company</b>   |                      |                                 | <b>Box 2105, 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 ..... ☐ Change in Ownership ..... ☒  
 Change in Transporter (check one) Other (explain below) ☒  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

Effective May 18, 1966, Socony Mobil Oil Company, Inc.  
 P. O. Box 1800, Hobbs, New Mex.co, changed to Mobil Oil  
 Corporation, P. O. Box 633, Midland, Texas.

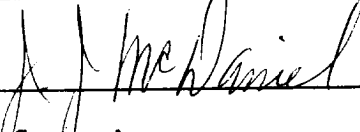

**RECEIVED**  
**NOV 19 1963**

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

|   |
|---|
| Remarks<br><br><b>To show destination of Casinghead Gas and complete files.</b> |
|---|

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

Executed this the 14th day of November, 19 63.

|  |   |  |
|--|---|--|
| OIL CONSERVATION COMMISSION  |   | By<br> |
| Approved by<br> | Title<br><b>Group Supervisor</b>              | Company<br><b>Socony Mobil Oil Company, Inc.</b>   |
| Title<br><b>OIL AND GAS INSPECTOR</b>  | Address<br><b>Box 1800, Hobbs, New Mexico</b> |  |
| Date<br><b>NOV 19 1963</b>   |   |  |