| DISTRIBUTION | | | | | | ORM C-110 | |
|---|---|-----------------|------------------|----------------------------|------------------|------------------|--|
| PILE | SANTA FE, NEW MEXICO | | | | | (Rev. 7-60) | |
| | CERTIFICATE OF COMPLIANCE AND AUTHORIZATION | | | | | | |
| TRANSPORTER GAS | TOTR | ANSPOR | T OIL AND | NATURAL GAS | | | |
| OPERATOR 5 | FILE THE ORIGIN | AL AND 4 C | COPIES WITH TH | IE APPROPRIATE OFF | 10E | | |
| Company or Operator | | <u></u> | | Lease | | Well No. | |
| Harvey E. Istes | | | | Fulton Collier State 1 | | | |
| Unit Letter Section 1 | Township 188 Range | | 232 | County Eddy | | | |
| Pool Und. Artesia | | | | Kind of Lease (State, Fe | d,Fee) | | |
| If well produces oil or condensate Unit Letter | | | Section | Township Range | | | |
| give location of tanks | | | 1 | 185 | | 251 | |
| Authorized transporter of oil 🚺 or con- | iensate | | Address (give ad | dress to which approved co | opy of this jorn | n is to be sent) | |
| | | | - | | | | |
| Mellood Corp. Box 330, Abilene, Texas | | | | | | <u></u> | |
| | Is Gas Actuall | | | _No | (.) : . (| | |
| Authorized transporter of casing head gas or dry gas Date Connected or dry gas Address (give address to which approved copy of this form is to be sent) | | | | | | | |
| | | | | | | | |
| | <u> </u> | | | | | <u> </u> | |
| If gas is not being sold, give reasons and | i also explain its presen | it disposition: | | | | | |
| | | | | | | | |
| | | | | | | | |
| tstm | | | | | | | |
| | REASON(S) | FOR FILING | fiplease check p | roper box) | · | | |
| New Well | | | | ership | | | |
| | sporter (check one) | ••• [] | Other (explain | | | | |
| _ | Dry Gas. | []] | Dellad of | d well deeper | | | |
| Casing head | gas. 📋 Condensate | e 🗌 | | ne sourt oradhar. | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 5x 1 1 | +11 | 1 | 1 3 - 1 - 1 | | | |
| | 30 day la | 1 1. 40 | AC Yerre | REC | BEIV | E-D | |
| Remarks | 7 | | | V | | | |
| MAY 2 5 1964 | | | | | | | |
| | | | | | | | |
| O. C. C. Artebia, Office | | | | | | | |
| | | | <u></u> | | | | |
| The undersigned certifies that the R | ules and Regulations | of the Oil C | onservation Com | mission have been comp | lied with. | | |
| Executed ti | his the day | of | May | , 19 64 . | | | |
| OIL CONSERVATION | | | Ву | 100 | | | |
| Approved by MLClincolverig | | | | salluc | | | |
| | | | Title | Title | | | |
| | | | Bookkeeper | | | | |
| Title | | | Company | | | | |
| | | | Harvey B. Yetes | | | | |
| Date MAY - | | | Address | | | | |
| MAY 2 5 19 | 164 | | | | | Manutas | |
| | | | 305 G | arper Bldg., Arte | BSLA, NO | Mariloo | |