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| DISTRIBUTION              |     |
| SANTA FE                  |     |
| FILE                      |     |
| U.S.G.S.                  |     |
| LAND OFFICE               |     |
| 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   |         |          |                | Lease  |          | Well No. |  |
| Harvey E. Yates   |         |          |                | Travis   |          | 16       |  |
| Unit Letter   | Section | Township | Range          | County   |          |          |  |
| G   | 19      | 18S      | 29E            | Eddy   |          |          |  |
| Pool  |         |          |                | Kind of Lease (State, Fed, Fee)  |          |          |  |
| Loso Hills  |         |          |                | Federal  |          |          |  |
| If well produces oil or condensate<br>give location of tanks  |         |          | Unit Letter    | Section  | Township | Range    |  |
|   |         |          | G              | 19   | 18S      | 29E      |  |
| 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) |          |          |  |
| Continental Pipe Line   |         |          |                | Box 367 Artesia, New Mexico  |          |          |  |
| 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 | Address (give address to which approved copy of this form is to be sent) |          |          |  |
| Phillips Petr. Co.  |         |          | Aug 62         | Bartlesville, Oklahoma   |          |          |  |

If gas is not being sold, give reasons and also explain its present disposition:

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

|  |  |
|--|--|
| New Well ..... <input 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 checked="" type="checkbox"/> Condensate .. <input type="checkbox"/> |  |

**RECEIVED**  
**JUN 14 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 13, day of June, 1963.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**OIL AND GAS INSPECTOR**

**JUN 17 1963**

**305 Carper Bldg., Artesia, N. Mex.**