

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">NUMBER OF COPIES RECEIVED</td></tr> <tr><td colspan="2">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td><td></td></tr> <tr><td>FILE</td><td></td></tr> <tr><td>U.S.G.S.</td><td></td></tr> <tr><td>LAND OFFICE</td><td></td></tr> <tr><td>TRANSPORTER</td><td>OIL</td></tr> <tr><td></td><td>GAS</td></tr> <tr><td>PRODUCTION OFFICE</td><td></td></tr> <tr><td>OPERATOR</td><td></td></tr> </table>	NUMBER OF COPIES RECEIVED		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	PRODUCTION OFFICE		OPERATOR		<p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</b></p>	<p><b>FORM C-110</b></p> <p>(Rev. 7-60)</p>
NUMBER OF COPIES RECEIVED																						
DISTRIBUTION																						
SANTA FE																						
FILE																						
U.S.G.S.																						
LAND OFFICE																						
TRANSPORTER	OIL																					
	GAS																					
PRODUCTION OFFICE																						
OPERATOR																						
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																						
Company or Operator <b>R. C. Silverthorne</b>		Lease <b>Keinath</b>																				
Unit <b>1111</b>	Section <b>25</b>	Well No. <b>1</b>																				
Township <b>18 S</b>	Range <b>30 E</b>	County <b>Eddy</b>																				
Pool <b>Shugart</b>		Kind of Lease <b>Federal</b>																				
If well produces oil or condensate give location of tanks	Unit Letter <b>1111</b>	Section <b>25</b>																				
	Township <b>18 S</b>	Range <b>31 E</b>																				
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)																					
<i>Tex. 1111</i>																						
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <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)																				
<b>Phillips Pet. Company</b>	<b>4/20/62</b>	<b>Adams Bldg. Bartlesville, Okla.</b>																				
If gas is not being sold, give reasons and also explain its present disposition:																						
<p><b>REASON(S) FOR FILING (please check proper box)</b></p> <p>New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/></p> <p>Change in Transporter (check one) Other (explain below)</p> <p>Oil ..... <input checked="" type="checkbox"/> Dry Gas .... <input type="checkbox"/></p> <p>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></p>																						
<p><b>RECEIVED</b></p> <p><b>MAY 9 1962</b></p> <p><b>O. C. C.</b></p> <p><b>ARTESIA OFFICE</b></p>																						
Remarks																						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																						
Executed this the _____ day of _____, 19____.																						
OIL CONSERVATION COMMISSION		By																				
Approved by		<i>A. H. Fryman</i>																				
<i>M. L. Armstrong</i>		Title <b>Agent-Consultant</b>																				
Title		Company																				
<b>Oil and Gas Inspector</b>		<b>R. C. Silverthorne</b>																				
Date		Address																				
<b>MAY 9 1962</b>		<b>P. O. Dr. 2031 Plainview, Texas</b>																				