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| 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 Gulf Oil Corporation | | | | Lease Eddy State "D" | |
| Unit Letter D | Section 25 | Township 19-S | Range 28-E | County Eddy | |
| Pool Scanlon Dean-Queen | | | | Kind of Lease (State, Fed, Fee) State | |
| If well produces oil or condensate give location of tanks | | | Unit Letter D | Section 25 | Township 19-S |
| | | | | Range 28-E | |
| 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) Box 4157, Midland, Texas | | |
| The Permian Corporation | | | | | |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" 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) | |
| | | | | | |

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

No gas transporter in vicinity. Vented.

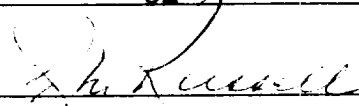
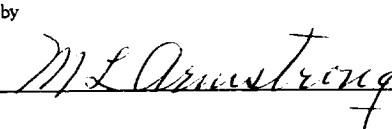
REASON(S) FOR FILING (please check proper box)

- | | |
|------------------------------------------------------------------------------|----------------------------------------------|
| 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 type="checkbox"/> Condensate <input type="checkbox"/> | Change in pool designation |

Remarks

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

Executed this the **29th** day of **September**, 19 **61**

| | | |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by  | Title Area Production Manager | |
| Title OIL AND GAS INSPECTOR | Company Gulf Oil Corporation | |
| Date OCT 4 1961 | Address Box 2167, Hobbs, New Mexico | |