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TRANSPORTER	OIL		
	GAS	1	
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 <i>Dr. Sam G. Dunn</i>				Lease <i>DUNN #1</i>		Well No.	
Unit Letter <i>M</i>	Section <i>10</i>	Township <i>23 N</i>	Range <i>7 W</i>		County <i>R.A.</i>		
Pool					Kind of Lease (State, Fed, Fee)		

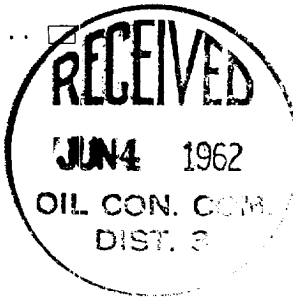
If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>	Address (give address to which approved copy of this form is to be sent)
<i>LAMAR Trucking</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 checked="" type="checkbox"/>	Date Connected
<i>Southern Union Gas Co</i>	

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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	



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>Hal L. Roberts Jr.</i>
Original Signed Emery C. Arnold		Title
		<i>Operator</i>
Title		Company
<i>Supervisor Dist # 3</i>		<i>Dr. Sam G. Dunn</i>
Date		Address
<i>JUN 4 1962</i>		