| NUMBER OF COPIE | S RECEIVE | 9 |   |
|-----------------|-----------|---|---|
| 015             | TRIBUTION |   |   |
| BANTA FF        | I         |   |   |
| FILE            |           |   |   |
| U.S.G.          |           |   |   |
| LAND OFFICE     |           |   |   |
| TRANSPORTER     | OIL       |   | 1 |
| TRANSPURTER     | GAS       |   |   |
| PRORATION OFFI  | E         |   |   |
| OPERATOR        | - I       |   |   |

## NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

| LAND OFFICE           |                                   | 1                     |                  |                |                |               | ND AUTHORIZAT              | ION          |                |  |
|-----------------------|-----------------------------------|-----------------------|------------------|----------------|----------------|---------------|----------------------------|--------------|----------------|--|
| TRANSPORTER GAS       |                                   | T .                   | O TRAN           | SPOR           | T OIL AND      | ) N           | ATURAL GAS                 |              |                |  |
| OPERATOR              |                                   | FILE THE O            | RIGINAL A        | AND 4 C        | OPIES WITH T   | HE A          | APPROPRIATE OFFICE         |              |                |  |
| Company or Operato    |                                   |                       |                  |                |                |               | ease                       |              | Well No.       |  |
|                       | Compass                           | Explorati             |                  |                |                | 1             | State                      |              | 2              |  |
| Unit Letter           | Section<br>16                     | Township 24N          |                  | Range          | 7¥             |               | County Rio Arriba          |              |                |  |
| Pool                  |                                   |                       |                  |                | <del></del>    | Kir           | nd of Lease (State, Fed Fe |              |                |  |
|                       | crito-Gal                         | lup                   | 1                |                | <del></del>    |               | State                      |              |                |  |
|                       | oroduces oil or condition of tank |                       | Unit Lette       | er<br><b>m</b> | Section<br>1   |               | Township 24N               | Range        | 78             |  |
| Authorized transport  |                                   |                       | lemnore          | <del></del>    |                |               | ss to which approved copy  | of this form | is to be sent) |  |
|                       |                                   |                       | ( <b>em</b> pora | J              |                |               |                            |              |                |  |
| MCVG                  | od Corpor                         | RT10R                 |                  |                |                |               |                            |              |                |  |
|                       | <u> </u>                          | Is Gas A              | ctually C        | onnec++        | d? Yes         | _ N           | ·                          |              |                |  |
| Authorized transpor   | ter of cocine to                  |                       | Date             | Con-           | <del></del>    |               | ss to which approved copy  | of this form | is to be sent) |  |
| numonized transpor    | .c. or casing head                | or ary gas            | necte            |                |                | J             | <u></u>                    |              | •              |  |
|                       |                                   |                       |                  |                |                |               |                            |              |                |  |
| If gas is not being : | sold, give reasons                | and also explain its  | present dies     | position:      | ı              |               |                            |              |                |  |
| -                     |                                   |                       |                  |                |                |               | -                          |              |                |  |
|                       |                                   | ly being i            |                  |                |                |               |                            |              |                |  |
| <b>E</b> 1            | PRSO CAS                          | inghead gr            | itheriz          | ag sy          | stem ant.      | ıci           | pated.                     |              |                |  |
|                       |                                   |                       |                  |                |                |               |                            |              |                |  |
|                       |                                   | REAS                  | ON(S) FOR        | FILING         | (please check  | ргор          | ner box)                   |              |                |  |
|                       | New Well                          |                       |                  |                | Change in Ow   | mersh         | hip                        |              |                |  |
|                       | Change in Tr                      | ran sporter (check or | ne)              |                | Other (explain |               | _                          |              |                |  |
|                       |                                   | Dry                   | •                | _              | _              | •             | authorization              |              |                |  |
|                       | Casing h                          | ead gas . 🗀 Con       | ndensate         |                | _              | •             | recovered lo               |              | i.             |  |
|                       |                                   |                       |                  |                |                |               |                            |              |                |  |
|                       |                                   |                       |                  |                |                |               | -AFI                       |              |                |  |
|                       |                                   |                       |                  |                |                |               | /OFI'FILI                  | 1.1          |                |  |
|                       |                                   |                       |                  |                |                |               | / KLULIY                   | tD/          |                |  |
| Remarks               |                                   |                       |                  |                |                |               |                            |              |                |  |
| •                     |                                   |                       |                  |                |                |               | MAY 1 5 19                 | 161          |                |  |
|                       |                                   |                       | 800              | lett           | er enclo       | sed           | I. YOIL CON. C             | OM.          |                |  |
|                       |                                   |                       |                  | -              |                |               | DIST 3                     |              |                |  |
|                       |                                   |                       |                  |                |                |               |                            |              |                |  |
|                       |                                   |                       |                  |                |                |               |                            |              |                |  |
| The undersigned       | certifies that the                | Rules and Regul       | ations of th     | he Oil C       | onservation Co | mmis          | ssion have been complied   | d with.      | <del>_</del> _ |  |
|                       | <b>F</b> =                        | d this the 12tl       | day of           |                | May            |               | _, 1 <b>61</b>             |              |                |  |
|                       |                                   |                       |                  |                | Ву             |               |                            |              |                |  |
|                       | UIL CONSERVA                      | TION COMMISSIO        |                  |                | 1 4            | $\bigcap$     | Jamil 1                    | 2 ,,         | Office-        |  |
| Approved by           | <b></b>                           |                       |                  |                | Title          | <del>/-</del> | ravietly by                | IM.          | Mare:~         |  |
| (Vonistina 1          | Sidned E-                         | pero C A              | 177              |                | /              | hie           | of Geologist               |              |                |  |
| Title Original        | SIKHEU EM                         | ery C. Arno           | 7133             |                | Company        |               |                            |              |                |  |
|                       | <b>.</b>                          |                       |                  |                | _              | Om            | pa <b>ss E</b> xplorati    | OB. T        | ac.            |  |
| Supervisor            | Dist. # 3                         |                       |                  |                | Address        |               |                            |              |                |  |
| Date                  |                                   |                       |                  |                | 1              | 01            | University Bo              | uleva        | rd             |  |
| MAY 1 5 19            | 361                               |                       |                  |                | D              | OD1           | ver 6, Colorad             | 0            |                |  |
| - '-                  |                                   |                       |                  |                |                | _             |                            |              |                |  |

| NUMBER OF COLORS  NUMBER OF COLORS  SANYA FE FILE U.S.G.S. LAID DIFFICE TRANSPORTER  OIL | •        | 2 M 2 to ab . E300 |
|--|----------|--------------------|
| NUMBER OF CO. 6.5  SANYA FE FILE U.S.G.S. LAHD OFFICE                                    |          | U.L                |
| SANYA FE FILE U.S.G.S. LAHD OFFICE   | <b>t</b> |                    |
| SANYA FE FILE U.S.G.S. LAHD OFFICE   | •        | NUMBER OF CO. 64   |
| SANYA FE FILE U.S.(G.S. LAHD OFFICE  |          |                    |
| U.S.G.S.  Labb Office  |          | SANTA FE           |
| LAND OFFICE  |          |                    |
| Touch Touch  |          | U.S.S.S.           |
| TRANSPORTER  |          |                    |
|  |          | TRANSPORTER GaS    |
| PRORATION OFFICE   |          | OPEKATOR -         |

•