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|------------------|----------|-------------|----------|
| CHS              | TRIBUTIO | N           | <u> </u> |
| SANTA FE         |          |             |          |
| FILE             |          | 1           | 1        |
| U.S.G.5          |          |             |          |
| LAND OFFICE      |          |             |          |
| TRANSPORTER      | OIL      |             |          |
|                  | GA5      | ,           |          |
| PROBATION OFFICE |          |             |          |
| OPERATOR         |          | /           |          |

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION

| TRANSPORTER GAS   | TO T   | RANSPORT         | OIL AND                                | NATURAL GAS                       | 15.1                                  |  |
|---|--|------------------|--|-----------------------------------|---------------------------------------|--|
| PRORATION OFFICE  | FILE THE ORIGI                               | NAL AND 4 CO     | PIES WITH TH                           | E APPROPRIATE OFFI                | CE                                    |  |
| Company or Operator                                       |  |                  |  | Lease                             | Well No.                              |  |
| Continent   | al Oil Company                               |                  |  | Jicarilla                         | 20 1                                  |  |
| Unit Letter Section 20                                    | Township 25N                                 | Range            | W                                      | County Rio Arri                   | be .                                  |  |
| Pool  | 6,511  |                  |  | Kind of Lease (State, Fed         |                                       |  |
| Undesignated G  | allup  |                  | <u> </u>                               | Federal (Jicaril                  | La Apacha) Range                      |  |
| If well produces oil or condensate give location of tanks |  |                  | Section<br>20                          | Township                          | Vange                                 |  |
| Authorized transporter of oil a or c                      |  | <u> </u>         | Address (give ad                       | dress to which approved co        | by of this form is to be sent)        |  |
| Authorized transporter of on                              | condensate                                   |                  |  |                                   |                                       |  |
| Shell Oil Company   |  |                  | P. O. Box 1588, Farmington, New Mexico |                                   |                                       |  |
|   | Is Gas Actua                                 | lly Connected    | ? Yes X                                | . No                              |                                       |  |
| Authorized transporter of casing head                     | gas 🛖 or dry gas                             | Date Con-        | Address (give ad                       | dress to which approved co        | by of this form is to be sent)        |  |
| •   | - <del></del>                                | nected           |  |                                   |                                       |  |
| El Paso Natural Gas                                       | Company                                      | 5-21-6/2         | P. O. Bo                               | x 990, Farmingto                  | n, New Mexico                         |  |
| If gas is not being sold, give reasons                    | and also explain its pres                    | ent disposition: |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   | REASON(S                                     | ) FOR FILING     |  |                                   |                                       |  |
| New Well .  |  | • • • •          | -                                      | ership                            |                                       |  |
|   | Transporter (check one)                      |                  | Other (explain                         | below)                            |                                       |  |
|   | Dry Gas<br>nead gas . Condens                |                  |  |                                   |                                       |  |
| Casing n  | lead gas Condens                             | ate              |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
| menocke) was Arc  |  |                  |  |                                   |                                       |  |
| Remarks   |  |                  |  |                                   |                                       |  |
| Remarks   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
|   |  |                  |  |                                   |                                       |  |
| The undersigned certifies that th                         | e Rules and Regulation                       | s of the Oil Co  | nservation Com                         | mission have been comp            | ied with.                             |  |
|   |  |                  |  | , 19 <b>64</b> .                  |                                       |  |
| Execute   | ed this thed                                 | ay of            | Ву                                     |                                   |                                       |  |
| OIL CONSERVA  | ATION COMMISSION                             |                  |  | Original Signed By<br>F. E. ELLIS |                                       |  |
| Approved by   |  |                  | er: 1                                  | r. c. e                           | MAY 2.2 1964                          |  |
| Original Signed Emery C. Arnold                           |  |                  | Title                                  |                                   |                                       |  |
| Title   |  |                  | Company                                | DE VISCILLE BALL                  | CIST. 3                               |  |
|   |  |                  |  |                                   |                                       |  |
| Supervisor Dist. # 3                                      | Supervisor Dist. # 3 Continental 011 Company |                  |  |                                   | W                                     |  |
| Date  |  |                  | Address                                |                                   |                                       |  |
| MAY 2 2 1964  |  |                  | P. 0.                                  | Box 3312. Buran                   | ro. Colorado                          |  |
| IIIM1 <u>₩</u> ~ 100 1                                    |  |                  |  |                                   | · · · · · · · · · · · · · · · · · · · |  |