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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 <b>Dr. Sam G. Dunn</b>				Lease <b>Grevey</b>		Well No. <b>1</b>	
Unit Letter <b>M</b>	Section <b>26</b>	Township <b>26 N</b>	Range <b>1 E</b>		County <b>Rio Arriba</b>		
Pool <b>Puerto Chiquito-Mancos</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>M</b>	Section <b>26</b>	Township <b>26 N</b>	Range <b>1 E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>El Paso Natural Gas Products Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1161, El Paso, Texas</b>			
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:

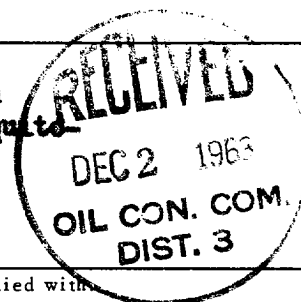
**Vented. Volume TSTM.**

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

New Well . . . . . <input type="checkbox"/>	Change in Ownership . . . . . <input checked="" type="checkbox"/>
Change in Transporter (check one)	Other (explain below) <input checked="" type="checkbox"/>
Oil . . . . . <input type="checkbox"/> Dry Gas . . . . . <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>	

Remarks

**To change operator from Coral Oil & Gas Company to Dr. Sam G. Dunn effective 10/1/63; to change pool from Undesignated to Puerto Chiquito-Mancos.**



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

Executed this the **26th** day of **November**, 19**63**.

**OIL CONSERVATION COMMISSION**

By

Approved by

Title

Title

Company

Date

Address

**% OIL REPORTS & GAS SERVICES  
 BOX 763 HOBBS, NEW MEXICO**