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| SANTA FE                  |            |
| FILE                      |            |
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| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>GAS |
| 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<br><b>COMPASS EXPLORATION, INC.</b>   |                      |                         |   | Lease<br><b>Federal Lindrith</b>  |  | Well No.<br><b>1-10</b> |  |
| Unit Letter<br><b>H</b>   | Section<br><b>10</b> | Township<br><b>26 N</b> | Range<br><b>7 W</b>   |   | County<br><b>Rio Arriba</b>                      |                         |  |
| Pool<br><b>Basin - Dakota</b>   |                      |                         |   |   | Kind of Lease (State, Fed Fee)<br><b>Federal</b> |                         |  |
| If well produces oil or condensate<br>give location of tanks  |                      | Unit Letter<br><b>H</b> | Section<br><b>10</b>  | Township<br><b>26 N</b>   | Range<br><b>7 W</b>                              |                         |  |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/><br><br><b>Plateau, Inc.</b>                    |                      |                         |   | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 567</b><br><b>Bloomfield, New Mexico</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 checked="" type="checkbox"/><br><br><b>E1 Paso Natural Gas Co.</b> |                      | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 990</b><br><b>Farmington, New Mexico</b> |   |  |                         |  |
| If gas is not being sold, give reasons and also explain its present disposition:<br><br><b>Shut in, awaiting pipeline connection</b>                    |                      |                         |   |   |  |                         |  |

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


New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☐ Condensate . . ☐

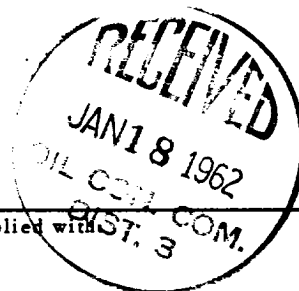
Change in Ownership ..... ☐  
 Other (explain below)

Remarks

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

Executed this the **15th** day of **January**, 19**62**.

|   |   |  |
|---|---|--|
| OIL CONSERVATION COMMISSION                               |   | By<br> |
| Approved by<br><br><b>Original Signed Emery C. Arnold</b> | Title<br><b>Chief Geologist</b>   |  |
| Title<br><br><b>Supervisor Dist. # 3</b>                  | Company<br><b>COMPASS EXPLORATION, INC.</b>                             |  |
| Date<br><br><b>JAN 18 1962</b>                            | Address<br><b>101 University Boulevard</b><br><b>Denver 6, Colorado</b> |  |



|                            |      |
|----------------------------|------|
| STATE OF NEW MEXICO        |      |
| OIL CONSERVATION DIVISION  |      |
| FIELD OFFICE               |      |
| NUMBER OF GALLONS RECEIVED |      |
| DIST.                      |      |
| SANTA FE                   |      |
| EL PASO                    |      |
| U.S. G.S.                  |      |
| LAND OFFICE                |      |
| TRANSPORTER                | OIL  |
| PROD. DIVISION             | TO S |
| OPERATOR                   |      |