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

Form C-11( Revised 7/1/55



(File the original and 4 copies with the appropriate district office)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Company of Operator Frank C. Elliott & Ora                                   | R. Mail, 3r. Dease rederal alliote 1       |
|------------------------------------------------------------------------------|--------------------------------------------|
| Well No. 5 Unit Letter M S 28 T                                              | 25N R 10W PoolBisti Lower Gallup           |
| County San Juan Kind of Lease                                                | (State, Fed. or Patented) Federal          |
| If well produces oil or condensate, give loca                                |                                            |
| Authorized Transporter of Oil or Condensate                                  | Four Corners Pipe Line Company             |
| Address B. 1005 Country California                                           |                                            |
| Address <u>Box 1095, Compton, California</u> (Give address to which approved | copy of this form is to be sent)           |
| Authorized Transporter of Gas                                                |                                            |
| Address                                                                      |                                            |
| · · · · · · · · · · · · · · · · · · ·                                        | copy of this form is to be sent)           |
| If Gas is not being sold, give reasons and also                              | so explain its present disposition:        |
| No market available                                                          |                                            |
|                                                                              |                                            |
|                                                                              |                                            |
| Reasons for Filing: Please check proper box                                  | ) New Well (xx)                            |
| Change in Transporter of (Check One): Oil (                                  |                                            |
|                                                                              |                                            |
| Change in Ownership (                                                        | ) Other () (Give explanation below)        |
| Remarks:                                                                     | (Give explanation below)                   |
|                                                                              |                                            |
|                                                                              | / KLUL!                                    |
|                                                                              | TE 27 1927                                 |
|                                                                              | RILLIVIA<br>FIR 27 1959<br>OIL COM.        |
| The undersigned certifies that the Rules and                                 |                                            |
| mission have been complied with.                                             |                                            |
| Executed this the man down of ma                                             | 19 50                                      |
| Executed this the 25th day of February                                       | 19 59                                      |
|                                                                              | By                                         |
| Approved FEB 27 1959 19                                                      |                                            |
| Approved 19 19 19 19 19                                                      | Title Owner                                |
| OIL CONSERVATION COMMISSION                                                  | Company Frank O. Elliott & Ora R. Hall, Jr |
| By Original Signed Emery C. Arnold                                           | AddressBox_703                             |
| Title Supervisor Dist. # 3                                                   |                                            |
| Title Supervisor Dist. # 3                                                   | Roswell, New Mexico                        |

| OIL CONSERV<br>AZTEC D | ISTRICT OFFIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |
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| Operator               | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | - |
| Santa Fe               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
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| State Land Office      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | - |
| U. S. C. S.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |
| Transporter            | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1 |
| File                   | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ╏ |