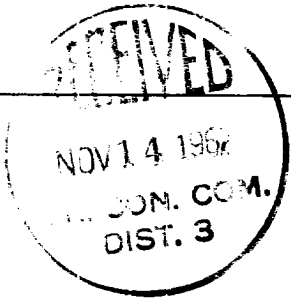


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|----------|--|------|--|----------|--|-------------|--|-------------|-----|--|-----|------------------|--|----------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">NUMBER OF COPIES RECEIVED</td></tr> <tr><td colspan="2">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td><td></td></tr> <tr><td>FILE</td><td></td></tr> <tr><td>U.S.G.S.</td><td></td></tr> <tr><td>LAND OFFICE</td><td></td></tr> <tr><td>TRANSPORTER</td><td>OIL</td></tr> <tr><td></td><td>GAS</td></tr> <tr><td>PRORATION OFFICE</td><td></td></tr> <tr><td>OPERATOR</td><td></td></tr> </table> | NUMBER OF COPIES RECEIVED |                                                                                                                                                     | DISTRIBUTION |  | SANTA FE |  | FILE |  | U.S.G.S. |  | LAND OFFICE |  | TRANSPORTER | OIL |  | GAS | PRORATION OFFICE |  | OPERATOR |  | <p>NEW MEXICO OIL CONSERVATION COMMISSION<br/>SANTA FE, NEW MEXICO</p> <p><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br/>TO TRANSPORT OIL AND NATURAL GAS</b></p> <p>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</p> | <p><b>FORM C-110</b><br/>(Rev. 7-60)</p> |
| NUMBER OF COPIES RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| U.S.G.S.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | OIL                       |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | GAS                       |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| PRORATION OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Company or Operator <b>Socony Mobil Oil Company, Inc.</b> Lease <b>Huerfano</b> Well No. <b>23-28</b></p>                                                                                                                                                                                                                                                                                                                                                                          |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Unit Letter <b>K</b> Section <b>28</b> Township <b>27N</b> Range <b>9W</b> County <b>San Juan</b></p>                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Pool <b>Basin Dakota</b> Kind of Lease (State, Fed, Fee) <b>Fed.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>If well produces oil or condensate give location of tanks Unit Letter <b>K</b> Section <b>28</b> Township <b>27N</b> Range <b>9W</b></p>                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/><br/><b>El Paso Natural Gas Co.</b></p>                                                                                                                                                                                                                                                                                                                                               |                           | <p>Address (give address to which approved copy of this form is to be sent)<br/><b>P. O. Box 307, Farmington, New Mexico</b></p>                    |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/><br/><b>El Paso Natural Gas Co.</b></p>                                                                                                                                                                                                                                                                                                                                      |                           | <p>Date Connected<br/>Address (give address to which approved copy of this form is to be sent)<br/><b>P. O. Box 307, Farmington, New Mexico</b></p> |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>If gas is not being sold, give reasons and also explain its present disposition:</p>                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>REASON(S) FOR FILING (please check proper box)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/><br/> Change in Transporter (check one) Other (explain below)<br/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/><br/> Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/></p>                                                                                                                                                                    |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Remarks</p> <div style="text-align: right; margin-top: 50px;">  </div>                                                                                                                                                                                                                                                                                                                        |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.</p>                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Executed this the <u>12</u> day of <u>November</u>, 19 <u>62</u></p>                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                                                                                                                                                     |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>OIL CONSERVATION COMMISSION</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <p>By <b>M. J. Meyer</b></p>                                                                                                                        |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Approved by<br/><b>Original Signed by W. B. Smith</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                          |                           | <p>Title<br/><b>Sr. Prod. Foreman</b></p>                                                                                                           |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Title<br/><b>DEPUTY OIL &amp; GAS INSPECTOR DIST. NO. 3</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <p>Company<br/><b>Socony Mobil Oil Company, Inc.</b></p>                                                                                            |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |
| <p>Date<br/><b>NOV 19 1962</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           | <p>Address<br/><b>P. O. Box 3371</b></p>                                                                                                            |              |  |          |  |      |  |          |  |             |  |             |     |  |     |                  |  |          |  |                                                                                                                                                                                                                                         |                                          |

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