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| 511            | STRIBUTION |      | 2 |
| SANTA FI       |            | //   |   |
| FILE           |            | /    |   |
| u. 5 G. 5      |            |      |   |
| LAND OFFICE    |            |      |   |
| TRANSPORTER    | OIL        |      |   |
|                | GAS        |      |   |
| FRURATION OFFI | C E        |      |   |
| OPERATOR       |            | 2    | - |

## NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

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

| 1  |              | FILE THE OR            | IGINAL   | AND 4 C     | OPIES  | WITH THE    | APPROPRIA               | TE OFFICE        |             |  |  |
|--|--------------|------------------------|--|-------------|--|-------------|-------------------------|------------------|-------------|--|--|
| Company or Operator  |              |                        |  |             |  | 1 -         | _ease                   |                  | Well No.    |  |  |
| Kennedy Uil Co., Inc.  |              |                        |  |             | Tonkins  |             | 3                       |                  |             |  |  |
| Unit Letter  | Section      | Township               |  | Range       | inge   |             | County                  |                  | <u></u>     |  |  |
| C  | 13           | 271                    | X  |             | 124  | L           |                         | en Juan          |             |  |  |
| Pool   | . ** . **    |                        |  |             |  | K           | and of Lease 7          | State, Fed, Fee) |             |  |  |
| west Kutz Pictured Cliffs  If well produces all or condensate  Unit Letter   |              |                        |  | Section     | Township   | Fed         | Range                   |                  |             |  |  |
| If well produces oil or condensate give location of tanks  |              |                        |  | Section     | Township   | Kange       | Range                   |                  |             |  |  |
|  |              |                        | Address (give address to which approved copy of this form is to be sent) |             |  |             |                         |                  |             |  |  |
| Authorized transporter of oil or condensate  |              |                        |  |             |  |             |                         |                  |             |  |  |
| None   |              |                        |  |             |  |             |                         |                  |             |  |  |
| Is Gas Actually Connected? YesNo   |              |                        |  |             |  |             |                         |                  |             |  |  |
| Authorized transporter of casing head gas or dry gas Date Connected  |              |                        |  |             | Address (give address to which approved copy of this form is to be sent) |             |                         |                  |             |  |  |
| Southern Union Gas Company   |              |                        |  |             | Bloomfield, N.M.   |             |                         |                  |             |  |  |
| If gas is not being sold,  | give reasons | and also explain its p | resent di  | sposition:  | `  |             |                         |                  | <del></del> |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
| <u> </u>   |              | REASON                 | I(S) FOR   | RFILING     | (please  | check pro   | per box)                |                  |             |  |  |
| REASON(S) FOR FILING (please check proper box)   |              |                        |  |             |  |             |                         |                  |             |  |  |
| New Well   |              |                        |  |             |  |             |                         |                  |             |  |  |
| Change in Transporter (check one)  Other (explain below)  Oil  |              |                        |  |             |  |             |                         |                  |             |  |  |
| Casing head gas . Condensate . C   |              |                        |  |             |  |             |                         |                  |             |  |  |
| <b>g-</b>  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
| P  |              |                        | <del></del>  | <del></del> |  | <del></del> | <del></del>             |                  |             |  |  |
| Remarks F17e   | ed to sho    | w change of            | o tamo mo  | shin a      | ee   | N           | 1                       | 22/1 0           |             |  |  |
| O.H.   | Randel       | to Kennedy 0:          | owners   | Tne         | TIEC   | TAG NOA     | member 1,               | 1964, from       |             |  |  |
|  |              | to helmicay of         | LI <b>U</b> U.   | , тис.      |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  |             |  |             |                         |                  |             |  |  |
|  |              |                        |  | ·····       |  |             | <del></del>             |                  |             |  |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. |              |                        |  |             |  |             |                         |                  |             |  |  |
| ·····  | Executed     | this the 10            | day of   | Dec         | ember  | ·           | _, 19 <del>6/c-</del> · |                  |             |  |  |
| OIL  | CON SERVA    | TION COMMISSION        |  |             | Ву   |             | Or                      |                  | 'IVFh'      |  |  |
| Approved by  |              |                        |  |             | Title 13. Commission 1000  |             |                         |                  |             |  |  |
| Original Sign  | ned Eme      | ry C. Arnold           | <u> </u>   |             |  |             | Pres.                   | DEC              | 41964       |  |  |
| Title  |              |                        |  |             | Compa  | ny          |                         | \ mil C          | ON. COM.    |  |  |
| Supervisor Dist.   | # 3          |                        |  |             |  | Kenn        | edy Oil C               | o., Inc. D       | IST. 3      |  |  |
| - <del></del>  | ır •         |                        |  |             | Addres   |             |                         |                  |             |  |  |
| Date   |              |                        |  |             |  |             | 151 Art                 | esia N.M.        |             |  |  |
| DEC 1 4 1964   |              |                        | Box 151 Artesia, N.M.  |             |  |             |                         |                  |             |  |  |