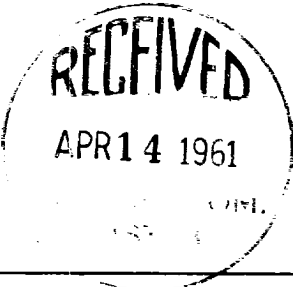


NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS PRORATION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
Company or Operator Artec Oil and Gas Company			Lease Robinson	W. N. 7-8	
Unit Letter 1	Section 15	Township 26N	Range 13W	County San Juan	
Pool Undesignated Gallup			Kind of Lease (State, Fed, Fee) Fed.		
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Four Corners Pipeline			Address (give address to which approved copy of this form is to be sent) Box # 2642, Houston, Texas.		
Is Gas Actually Connected? Yes _____ No _____					
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:					
REASON(S) FOR FILING (please check proper box)					
New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>					
					
Remarks					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.					
Executed this the <u>14th</u> day of <u>April</u> , 19 <u>61</u> .					
OIL CONSERVATION COMMISSION			By		
Approved by Original Signed By A. R. KENDRICK			ORIGINAL SIGNED BY JOE C. SALMON Title Joe C. Salmon District Superintendent		
Title PETROLEUM ENGINEER DIST. NO. 3			Company Artec Oil and Gas Company		
Date APR 14 1961			Address Dweller # 570, Farmington, New Mex.		

STATE OF NEW MEXICO	
DEPARTMENT OF REVENUE	
TAXPAYER'S NAME	
ADDRESS	
CITY	
COUNTY	
POST OFFICE	
STATE	
OIL	
GAS	
TAX	
DATE	
AMOUNT	
PAID	
RECEIVED	