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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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 <b>Sunray DX Oil Company</b>			Lease <b>Harry Amargis</b>	Well No. <b>1</b>
Unit Letter <b>E</b>	Section <b>33</b>	Township <b>30N</b>	Range <b>15W</b>	County <b>San Juan</b>

Pool <b>Undesignated</b>	Kind of Lease (State, Fed, Fee) <b>Patented</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>E</b>	Section <b>33</b>	Township <b>30N</b>	Range <b>15W</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>McWood Corporation</b>	Address (give address to which approved copy of this form is to be sent)  <b>306 V &amp; J Tower Building Midland, Texas</b>
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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)
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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)	Other (explain below)
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 10th day of August, 19 62.

Approved by <i>[Signature]</i>	By <i>[Signature]</i>
	Title <b>District Manager</b>
Title	Company <b>Sunray DX Oil Company</b>
Date	Address <b>200 Pet. Club Plaza, Farmington, N.M.</b>