

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| 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 | | | | Lease | | Well No. 264 | |
| Unit Letter A | Section 9 | Township 30N | Range 16W | | County | | |
| Pool | | | | | Kind of Lease (State, Fed, Fee) | | |

| | | | | | |
|---|--|--|---------|----------|-------|
| If well produces oil or condensate give location of tanks | | Unit Letter | Section | Township | Range |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> | | Address (give address to which approved copy of this form is to be sent) | | | |

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) |
|--|--|----------------|--|

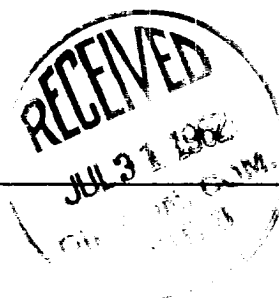
If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate . . ☐
 Other (explain below)

Remarks

Petro Atlas
Horseshoe Canyon "B"
1



The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 1 day of Aug, 19 62

| | | | |
|--|--|--------------------------|--|
| OIL CONSERVATION COMMISSION | | By <u>Albert B. Beas</u> | |
| Approved by | | Title | |
| Original Signed by W. B. Smith | | Company | |
| Title DEPUTY OIL & GAS INSPE. FOR DIST. NO. 3 | | Address | |
| Date | | | |