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	GAS
REGISTRATION 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: **Socony Mobil Oil Company, Inc.** Lease: **New Mex "D"** Well No.: **1**

Unit Letter: **D** Section: **23** Township: **12 S** Range: **32 E** County: **Lea**

Pool: **Caprock Queen** Kind of Lease (State, Fed, Fee): **State**

If well produces oil or condensate give location of tanks: _____ Unit Letter: **D** Section: **23** Township: **12 S** Range: **32 E**

Authorized transporter of oil or condensate 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 or dry gas 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) Other (explain below)
 Oil Dry Gas
 Casing head gas Condensate

Remarks: _____ **2-1-61**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.
 Executed this the _____ day of _____, 19 _____.

OIL CONSERVATION COMMISSION	By	<i>[Signature]</i>
	Title	Senior Clerk
Approved by	Company	Socony Mobil Oil Company, Inc.
Title	Address	P. O. Box 2406, Hobbs, New Mexico
Date		