

|                                    |    |
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| SANTA FE                           | 1  |
| FILE                               | 1- |
| U.S.G.S.                           |    |
| LAND OFFICE                        | 1  |
| TRANSPORTER                        |    |
| OIL GAS                            |    |
| PRODUCTION OFFICE                  |    |
| OPERATOR                           | 2  |

**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<br><b>Ray Smith</b>  |                      |                       |                         | Lease<br><b>England Federal</b>   |                       | Well No.<br><b>2</b> |  |
| Unit Letter<br><b>H</b>  | Section<br><b>30</b> | Township<br><b>6S</b> | Range<br><b>26E</b>     | County<br><b>Chaves</b>   |                       |                      |  |
| Pool<br><b>Linda San Andres under.</b>   |                      |                       |                         | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>   |                       |                      |  |
| If well produces oil or condensate<br>give location of tanks   |                      |                       | Unit Letter<br><b>N</b> | Section<br><b>29</b>  | Township<br><b>6S</b> | Range<br><b>26E</b>  |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br><b>The Permian Corporation</b> |                      |                       |                         | Address (give address to which approved copy of this form is to be sent)<br><br><b>Box 3119, Midland, Texas</b> |                       |                      |  |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                      |                       |                         |   |                       |                      |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/><br><br><b>None</b>                      |                      |                       | 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:

**Gas TSTM**

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

New Well ..... ☒  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas ..... ☐ Condensate ..... ☐

Change in Ownership ..... ☐  
 Other (explain below)

**RECEIVED**


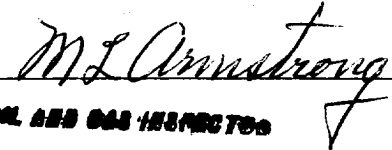
**JUL 20 1964**

**O. C. C.**  
**ARTESIA, OFFICE**

Remarks

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

Executed this the 16th day of July, 1964.

|  |   |  |
|--|---|--|
| OIL CONSERVATION COMMISSION  |   | By<br> |
| Approved by<br> | Title<br><b>Agent</b>                     |  |
| Title<br><b>OIL AND GAS INSPECTOR</b>  | Company<br><b>Ray Smith</b>               |  |
| Date<br><b>JUL 20 1964</b>   | Address<br><b>Box 953, Midland, Texas</b> |  |