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| TRANSPORTER               | OIL<br>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

NOV 20 10 40 AM '63  
HOBBS OFFICE O.C.C.

|   |                      |                         |                            |   |                         |                      |  |
|---|----------------------|-------------------------|----------------------------|---|-------------------------|----------------------|--|
| Company or Operator<br><b>Socony Mobil Oil Company, Inc.</b>  |                      |                         |                            | Lease<br><b>New Mex "B"</b>   |                         | Well No.<br><b>1</b> |  |
| Unit Letter<br><b>B</b>   | Section<br><b>27</b> | Township<br><b>10 S</b> | Range<br><b>32 E</b>       |   | County<br><b>Lea</b>    |                      |  |
| Pool<br><b>Mescalero Devonian</b>   |                      |                         |                            | Kind of Lease (State, Fed, Fee)<br><b>State</b>   |                         |                      |  |
| If well produces oil or condensate<br>give location of tanks  |                      |                         | Unit Letter<br><b>NE/4</b> | Section<br><b>27</b>  | Township<br><b>10 S</b> | Range<br><b>32 E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br><b>Texas-New Mexico Pipe Line Company</b> |                      |                         |                            | Address (give address to which approved copy of this form is to be sent)<br><br><b>Box 1510, 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"/>  |                      |                         | 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:

**No gas available on this well.**

**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) <input checked="" type="checkbox"/> |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>                |   |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> |   |

Remarks

**Filed to complete files.**

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

Executed this the 20th day of November, 19 63.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

*[Signature]*

**Group Supervisor**

**Socony Mobil Oil Company, Inc.**

**Box 1800, Hobbs, New Mexico**