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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 COPIES WITH THE APPROPRIATE OFFICE

| | | | | |
|------------------------------------|--|---|--|-------------------|
| Company or Operator TEXACO Inc. | | Lease **Northeast Caprock (Queen) Unit | | Well No. *4220 |
|------------------------------------|--|---|--|-------------------|

| | | | | |
|------------------|---------------|-----------------|--------------|---------------|
| Unit Letter H | Section 20 | Township 12S | Range 32E | County Lea |
|------------------|---------------|-----------------|--------------|---------------|

| | |
|-----------------------|--|
| Pool Caprock Queen | Kind of Lease (State, Fed, Fee) State |
|-----------------------|--|

| | | | | |
|--|------------------|---------------|-----------------|--------------|
| If well produces oil or condensate give location of tanks | Unit Letter H | Section 20 | Township 12S | Range 32E |
|--|------------------|---------------|-----------------|--------------|

| | |
|---|---|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation | Address (give address to which approved copy of this form is to be sent) Box 4157 - Midland, Texas |
|---|---|

Is Gas Actually Connected? Yes _____ No X

| | | |
|--|----------------|--|
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None | 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:

Casinghead gas flared due to lack of market.


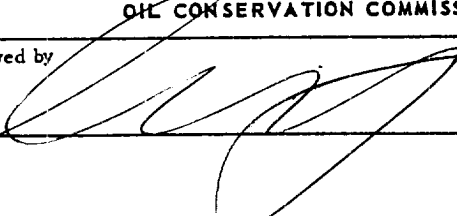
REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> | |

Remarks
*To change well no. from #1 to #4220.
**To change lease name from State of New Mexico "BA" NCT-7 to Northeast Caprock (Queen) Unit.

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

Executed this the 1st day of June, 19 62

| | | |
|---|--|---|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by  | Title District Accountant | Company TEXACO Inc. |
| Title | Address P. O. Box 728 - Hobbs, New Mexico | |
| Date | | |