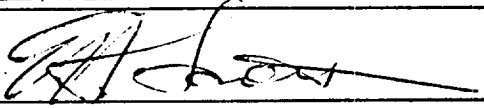


<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>J.E.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			J.E.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRODUCTION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																													
FILE																													
J.E.G.S.																													
LAND OFFICE																													
TRANSPORTER	OIL																												
	GAS																												
PRODUCTION OFFICE																													
OPERATOR																													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator			Lease		Well No.																								
*TEXACO Inc.			***Northeast Caprock (Queen) Unit		**3121																								
Unit Letter	Section	Township	Range	County																									
B	21	12S	32E	Lea																									
Pool				Kind of Lease (State, Fed, Fee)																									
Caprock Queen				Federal																									
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range																								
		A	21	12S	32E																								
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)																										
Cities Service Petroleum Company Trucks			Leggett Building - Midland, Texas																										
Is Gas Actually Connected? Yes _____ No <u>X</u>																													
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)																										
None																													
If gas is not being sold, give reasons and also explain its present disposition:																													
Gas insufficient to 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)																													
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>																													
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>																													
Remarks																													
*To change operator from John H. Trigg to TEXACO Inc.																													
**To change well no. from #1-s-21 to #3121																													
***To change lease name from Federal "S" 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 <u>8th</u> day of <u>June</u> , 19 <u>62</u> .																													
OIL CONSERVATION COMMISSION			By																										
Approved by																													
Title			District Accountant																										
Date			Company																										
			TEXACO Inc.																										
			Address																										
			P. O. Box 728 - Hobbs, New Mexico																										