

<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>U.S.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>PRORATION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION 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																													
U.S.G.S.																													
LAND OFFICE																													
TRANSPORTER	OIL																												
	GAS																												
PRORATION OFFICE																													
OPERATOR																													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator <b>Sinclair Oil &amp; Gas Company</b>				Lease <b>Federal 22</b>	Well No. <b>1</b>																								
Unit Letter <b>D</b>	Section <b>22</b>	Township <b>12 S</b>	Range <b>32 E</b>	County <b>Lea</b>																									
Pool <b>North Caprock</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>																									
If well produces oil or condensate give location of tanks		Unit Letter <b>D</b>	Section <b>22</b>	Township <b>12 S</b>	Range <b>32 E</b>																								
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)																										
Is Gas Actually Connected? Yes _____ No _____																													
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:																													
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 checked="" type="checkbox"/> Dry Gas ..... <input type="checkbox"/>																													
Casing head gas . <input type="checkbox"/> Condensate .. <input type="checkbox"/>																													
Remarks																													
2-1-61																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																													
Executed this the <u>19th</u> day of <u>January</u> , 19 <u>61</u>																													
OIL CONSERVATION COMMISSION			By																										
Approved by			Title																										
Title			Company																										
Date			Address																										
			529 East Broadway, Hobbs, New Mexico																										