| NUMBER OF - OP-ET RECEIVED  | · · · · · · · · · · · · · · · · · · ·   |                          |                                     |                             |  |
|---|---|--------------------------|-------------------------------------|-----------------------------|--|
| 6.3740   1000     SANTA #1   PILE     U.8.6.8.   1000   | NEW MEXICO OIL CONSERVATION CO:SSIONFORM C-110SANTA FE, NEW MEXICO(Rev. 7-60)   |                          |                                     |                             |  |
| I AND OFFICE<br>TRANSPORTER<br>PROBATION OFFICE<br>GAS<br>OIL<br>GAS<br>OIL<br>GAS<br>OIL<br>GAS  | CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br>TO TRANSPORT OIL AND NATURAL GAS |                          |                                     |                             |  |
|   | FILE THE ORIGINAL AND 4 C   | OPIES WITH THI           | E APPROPRIATE OFFIC                 | Ε                           |  |
| Company or Operator<br>*TEXACO Inc.   |   |                          | Lease ***Northea<br>Caprock (Queen  | ast3 3BWell No.             |  |
|   | ownship Range   |                          | County                              |                             |  |
| C 23  | 125   | 32E                      | Lea                                 |                             |  |
| Pool<br>Caprock Queen   | Pool Kind of Lease (State, Fed, Fee)<br>Caprock Queen State                     |                          |                                     |                             |  |
| If well produces oil or conden<br>give location of tanks  | sate Unit Letter C  | Section<br>23            | Township                            | Range                       |  |
| Authorized transporter of oil X or condensate   |   |                          | 12S<br>Iress to which approved copy | of this form is to be sent) |  |
| The Permian Corporation Box 4157 - Midland, Texas   |   |                          |                                     |                             |  |
| Is Gas Actually Connected? YesNoX   |   |                          |                                     |                             |  |
| Authorized transporter of casing head gas 💢 or dry gas 🗌 Date Con-<br>nected 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:  |   |                          |                                     |                             |  |
| No purchaser - Gas be   | eing vented.  |                          |                                     |                             |  |
|   |   |                          |                                     |                             |  |
| REASON(S) FOR FILING (please check proper box)  |   |                          |                                     |                             |  |
| New Well Change in Ownership   Change in Transporter (check one) Other (explain below)   Oil Dry Gas   Casing head gas Condensate                     |   |                          |                                     |                             |  |
| Remarks   |   |                          |                                     |                             |  |
|   |   |                          |                                     |                             |  |
| *To change operator   | r from Skelly Oil C   | ompany to                | TEXACO Inc.                         |                             |  |
| **To change well no<br>***To change lease na  | ame from #3 to #2123.   | to Northe                | east Caprock (G                     | Queen) Unit.                |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.                                  |   |                          |                                     |                             |  |
| Executed thi  | s the <u>lst</u> day of   | June                     | _, 19_62.                           |                             |  |
|   | N COMMISSION  | By                       | 11-1-                               |                             |  |
| Approved by   |   | $\frac{1}{\text{Title}}$ |                                     |                             |  |
| 411/  | T   | Districi                 | Accountant                          |                             |  |
| The C   | /   | Company<br>TEXACO        | <b>`</b> no                         |                             |  |
| Date  |   | Address                  |                                     |                             |  |
|   |   | P. O. Bo                 | ox 728 - Hobbs,                     | . New Mexico                |  |
|   |   |                          |                                     |                             |  |