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(A FE		NEWN	TEXICO OIL	. CONSERVATI	ON COMMISSION	FORM C-110
. E		1	SANT	TA FE, NEW ME	XICO	(Rev. 7–60)
.S.G.S.		CEDTIEICAT	E 05 C0	MOLLANCE	AND AUTHORIZAT	1011
OIL					AND AUTHORIZAT	
TRANSPORTER GAS		TO TR	ANSPOR	TOIL AND I	NATURAL GAS	PM P 57
PRORATION OFFICE						
		FILE THE ORIGIN	AL AND 4 C	OPIES WITH THE	APPROPRIATE OFFICE	
Company or Operator					Lease # / L	7 Well No.
	Cabot	Corporation			tate of N. M.	<u> </u>
	T					
Unit Letter	1	Township	Range		County	
E	23	<u> 11-s</u>		33 - E	Lea	
Pool Kind of Lease (State, Fed, Fee)						
North Bagley (Wolfcamp) State						
If well produces oil or condensate Unit Letter Section Township Range						Range
	cation of tanks		ъ	23	11-s	22_6
			D			of this form is to be sent)
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent)						
Service Pine Line Company (P. O. Box 337, Midland, Texas						
Service Pipe Line Company P. O. Box 557, Midiand, Texas						
Is Gas Actually Connected? Yes X No						
Authorized transporter of casing head gas X or dry gas Date Con- Address (give address to which approved copy of this form is to be sent)						
Authorized transporter of	casing head ga	is 🔣 or dry gas 🔝 🚶	nected	Address (give aaa	ress to which approved copy of	j this form is to be sent)
Warren Petro	oleum Co	mpany	11-19-6	P. O. I	30x 67, Monument	t, N ew Mexico
If gas is not being sold, g	give reasons an	id also explain its presen	t disposition:			
						:
				· · · · · · · · · · · · · · · · · · ·		
		REASON(S) F	OR FILING	(please check pro	oper box)	
	Now Wall	• • • • • • • • • • • • • • • • • • • •	-~•	Change in Orman	ship	7
			· · · LAN		-	١.
Change in Transporter (check one) Other (explain below)						
	0il	Dry Gas	• • □			
Casing head gas . Condensate						
Remarks						
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			(A. 02.2			
	es that the R	ules and Regulations o	of the Oil Con	nservation Commi	ssion have been complied	with.
						with.
		ules and Regulations o			ssion have been complied , 19 63	with.
The undersigned certifi	Executed t	his the 24th day				with.
The undersigned certifi	Executed t			uary		with.
The undersigned certifi	Executed t	his the 24th day		uary		with.
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The undersigned certification of the control of the	Executed t	his the 24th day		By Title Company Address	ey (), (guin	't. on