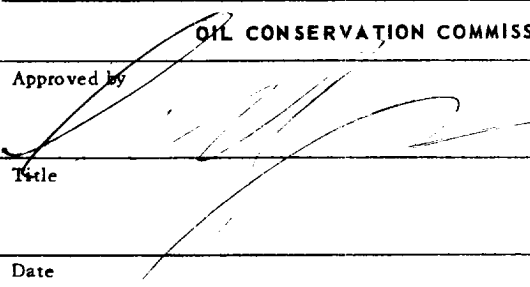


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| <div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRODUCTION 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 | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TRANSPORTER | OIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | GAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTION OFFICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPERATOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company or Operator Cabot Corporation | | | Lease No. 7 24 | | Well No. 1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit Letter D | Section 23 | Township 11-S | Range 33-E | County Lea | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pool North Bagley (Wolfcamp) | | | Kind of Lease (State, Fed, Fee) State | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter D | Section 23 | Township 11-S | Range 33-E | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Service Pipe Line Company | | | Address (give address to which approved copy of this form is to be sent) P. O. Box 337, Midland, Texas | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> | | Date Connected 10-23-62 | Address (give address to which approved copy of this form is to be sent) P. O. Box 67, Monument, New Mexico | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If gas is not being sold, give reasons and also explain its present disposition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div>REASON(S) FOR FILING (please check proper box)</div> <div><div>New Well <input type="checkbox"/></div><div>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"/></div><div>Change in Ownership <input type="checkbox"/></div><div>Other (explain below)</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Executed this the 27th day of November , 19 62 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OIL CONSERVATION COMMISSION | | | By | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approved by | | | Title | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | Company | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date | | | Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Percy C. Givins | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Dist. Prod. Sup't. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Cabot Corporation | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | Box 4395, Midland, Texas | | | | | | | | | | | | | | | | | | | | | | | | | | |