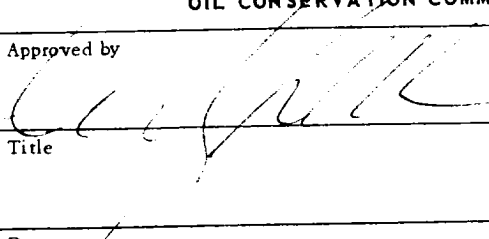
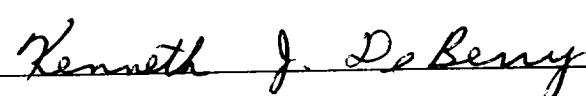


<div style="border: 1px solid black; padding: 2px;">NUMBER OF COPIES RECEIVED</div> <div style="border: 1px solid black; padding: 2px;">DISTRIBUTION</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">SANTA FE</td><td style="width:50%;"></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>PRORATION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table>		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	PRORATION OFFICE		OPERATOR		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div> <div style="border: 1px solid black; padding: 2px; font-size: small;">FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">FORM C-110 (Rev. 7-60)</div>
SANTA FE																				
FILE																				
U.S.G.S.																				
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Company or Operator Coastal States Gas Producing Company		Lease Lea-State	Well No. 1																	
Unit Letter F	Section 2	Township 9-S	Range 36-E																	
Pool Allison Farm.		County Lea																		
Kind of Lease (State, Fed, Fee) State																				
If well produces oil or condensate give location of tanks		Unit Letter F	Section 2																	
		Township 9-S	Range 36-E																	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> Magnolia Pipeline Co.		Address (give address to which approved copy of this form is to be sent) <i>Box 606</i>																		
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"/> Sinclair Oil & Gas Company		Date Connected 11-20-61	Address (give address to which approved copy of this form is to be sent) Sinclair Oil & Gas Company P. O. Box 1460 Midland, Texas																	
If gas is not being sold, give reasons and also explain its present disposition:																				
REASON(S) FOR FILING (please check proper box)																				
<div style="display: flex; justify-content: space-between;"><div><p>New Well <input checked="" type="checkbox"/></p><p>Change in Transporter (check one)</p><p>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></p><p>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></p></div><div><p>Change in Ownership <input type="checkbox"/></p><p>Other (explain below)</p></div></div>																				
Remarks																				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																				
Executed this the <u>11</u> day of <u>Oct</u> , 19 <u>61</u> .																				
OIL CONSERVATION COMMISSION		By <i>C. F. Kendall III</i>																		
Approved by <i>[Signature]</i>		Title District Engineer																		
Title		Company Coastal States Gas Producing Company																		
Date		Address P. O. Box 385, Abilene, Texas																		

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S LAND OFFICE TRANSPORTER OIL GAS PRODUCTION OFFICE OPERATOR		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		FORM C-110 (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE				
Company or Operator Coastal States Gas Producing Company			Lease Lea-State	Well No. 1
Unit Letter F	Section 2	Township 9-S	Range 36-E	County Lea
Pool Allison Perm.			Kind of Lease (State, Fed, Fee) State	
If well produces oil or condensate give location of tanks		Unit Letter F	Section 2	Township 9-S
		Range 36-E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Magnolia Pipeline Company			Address (give address to which approved copy of this form is to be sent) Magnolia Pipeline Company P. O. Box 606 Seminole, Texas	
Is Gas Actually Connected? Yes _____ No <u>XXX</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)	
If gas is not being sold, give reasons and also explain its present disposition: <div style="text-align: center; padding: 10px;"> There is no present market for the gas. It is being flared. </div>				
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"/> <div style="text-align: center; padding: 10px;"> Change from McWood Corporation to Magnolia Pipeline Company. </div>				
Remarks				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.				
Executed this the <u>1st</u> day of <u>September</u> , 19 <u>61</u> .				
OIL CONSERVATION COMMISSION Approved by  Title			By  Title Production Superintendent Company Coastal States Gas Producing Company Address P. O. Box 385, Abilene, Texas	
Date 