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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 <b>Coastal States Gas Producing Company</b>			Lease <b>Fee</b>	Well No. <b>1</b>
Unit Letter <b>P</b>	Section <b>28</b>	Township <b>9-S</b>	Range <b>33-E</b>	County <b>Lea</b>

Pool <b>Flying "M" (San Andres)</b>	Kind of Lease (State, Fed, Fee) <b>Fee</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>P</b>	Section <b>28</b>	Township <b>9-S</b>	Range <b>33-E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Magnolia Pipeline Company</b>	Address (give address to which approved copy of this form is to be sent) <b>Main Office: P. O. Box 900, Dallas, Tex</b> <b>Field: P. O. Box 606, Seminole, Texas</b>
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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)
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If gas is not being sold, give reasons and also explain its present disposition:

**Flared - No Present Market.**

REASON(S) FOR FILING (please check proper box)

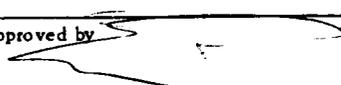
New Well . . . . . <input type="checkbox"/>	Change in Ownership . . . . . <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil . . . . . <input checked="" type="checkbox"/> Dry Gas . . . . . <input type="checkbox"/>	
Casing head gas . . . . . <input type="checkbox"/> Condensate . . . . . <input type="checkbox"/>	

Remarks

**Change of Transporter from The Permian Corporation, effective December 21, 1964.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **14th** day of **December**, 19**64**.

OIL CONSERVATION COMMISSION	By 
	Title <b>Production Superintendent</b>
Approved by 	Company <b>Coastal States Gas Producing Company</b>
Title	Address <b>P. O. Box 2498, Abilene, Texas</b>
Date	