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	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 3 AM 5:50		Well No. 2
Unit Letter P	Section 30	Township 8-S	Range 37-E	County Roosevelt		
Pool Allison Penn.				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter J	Section 30	Township 8-S	Range 37-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> McWood Corporation				Address (give address to which approved copy of this form is to be sent) Coastal States Gas Producing Company P. O. Box 385, Abilene, Texas		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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:

There is no present market for the gas. It is being flared.

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 type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Pool Designation.
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

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

Executed this the 29th day of June, 19 61.

OIL CONSERVATION COMMISSION		By
Approved by	<i>Leslie H. Clements</i>	<i>Kenneth J. DeBery</i>
Title		Production Superintendent
Date	Company	Coastal States Gas Producing Co.
	Address	P. O. Box 385, Abilene, Texas