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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 <i>Tom L. Ingram</i>				Lease <i>Indefinite</i>		Well No. <i>1</i>	
Unit Letter <i>1</i>	Section <i>20</i>	Township <i>N-8</i>	Range <i>E-1</i>		County <i>McKinley Co.</i>		
Pool <i>Adrian-1000</i>				Kind of Lease (State, Fed, Fee) <i>Indefinite</i>			
If well produces oil or condensate give location of tanks		Unit Letter <i>1</i>	Section <i>20</i>	Township <i>N-8</i>	Range <i>E-1</i>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <i>Regalia Pipeline Company</i>				Address (give address to which approved copy of this form is to be sent) <i>P.O. Box 1000, Santa Fe, N.M.</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"/> <i>Presidio Operating Company c/o Gasoline Plant</i>		Date Connected <i>8-1-63</i>	Address (give address to which approved copy of this form is to be sent) <i>1000 Barlow Avenue, Santa Fe, N.M.</i>				

If gas is not being sold, give reasons and also explain its present disposition:

**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) <input type="checkbox"/>     |
| Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>         |  |
| 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 17th day of August, 1963.

OIL CONSERVATION COMMISSION		By <i>Martha J. West</i>	
Approved by <i>[Signature]</i>		Title	
Title		Company	
Date		Address	