

<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>GAS</td></tr><tr><td>PRODUCTION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table>		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	GAS	PRODUCTION OFFICE		OPERATOR		<div>NEW MEXICO OIL CONSERVATION COM. <span style="float: right;">HON. SECRETARY C. C. C. (Rev. 7-60)</span></div> <div>SANTA FE, NEW MEXICO</div> <div style="font-size: 1.2em; font-weight: bold;">CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</div> <div style="font-size: 2em; font-weight: bold; margin-top: 50px;">TO TRANSPORT OIL AND NATURAL GAS</div>			FORM C-110
SANTA FE																			
FILE																			
U.S.G.S.																			
LAND OFFICE																			
TRANSPORTER	GAS																		
PRODUCTION OFFICE																			
OPERATOR																			
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																			
Company or Operator <b>Cities Service Oil Company</b>			Lease <b>Pate A</b>	Well No. <b>3</b>															
Unit Letter <b>C</b>	Section <b>7</b>	Township <b>8S</b>	Range <b>35E</b>	County <b>Roosevelt</b>															
Pool <b>Milnesand San Andres</b>			Kind of Lease (State, Fed, Fee) <b>Fee</b>																
If well produces oil or condensate give location of tanks		Unit Letter <b>B</b>	Section <b>7</b>	Township <b>8S</b>															
			Range <b>35E</b>																
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>Box 900 - Dallas 21, Texas</b>																
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"/>  <b>Nearburg and Ingram</b>		Date Connected <b>4-13-64</b>	Address (give address to which approved copy of this form is to be sent)  <b>100 South Kentucky - Roswell, New Mexico</b>																
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)																			
Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/>																			
Casing head gas . <input checked="" 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 <u>17th</u> day of <u>April</u> , 19 <u>64</u> .																			
OIL CONSERVATION COMMISSION			By																
Approved by																			
Title			Title <b>District Clerk</b>																
Date			Company <b>Cities Service Oil Company</b>																
			Address <b>Box 69 - Hobbs, New Mexico</b>																