

NAME	DATE
ADDRESS	PHONE
CITY	STATE
COUNTY	ZIP
WELL NO.	SECTION
TOWNSHIP	RANGE
LEASE	POOL
OPERATOR	DATE

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				Lease		Well No.
Unit Letter	Section	Township	Range		County	
Pool				Kind of Lease (State, Fed., Free)		
If well produces oil or condensate give location of tanks			Unit Letter	Section	Township	Range
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input 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:

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 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 _____ day of _____, 19____.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Original signed by
V. J. STALLY

Title

Company

Address