| | | | | ^ , | | 1 |
|--|-----------------------------|-------------------------------|------------------------|----------------------|-----------------------------------|------------------------|
| UMBER OF COPIES RECEIVED | | HEW MEXICO OIL | CONSERVATI | ION COM | N | FORM C-110 |
| | | SANT | A FE, NEW ME | EXICO | | (Rev. 7-60) |
| ILE J.S.G.S. | | TIFICATE OF COM | PLIANCE | AND AUTHO | RIZATIO | 4 |
| AND OFFICE OIL RANSPORTER | | TO TRANSPORT | | | | |
| RANSPORTER GAS PRORATION OFFICE | | IU IKANJEUKI | | | | |
| PERATOR | FILE | THE ORIGINAL AND 4 CO | PIES WITH TH | EAPPROPRIATE | POFFICE 7 | |
| Company or Operator | | | | Lease | | Well No. |
| Leon | ard Nichols | | | <u> </u> | e s | 6 |
| Unit Letter | Section Township | Range | 22 | County | Lea | |
| 0 | 3 17 | | 32 | Kind of Lease (Sta | ······· | |
| Pool Maljama: | r | | | Kind of Lease (54 | Fed | |
| If well produces oil or condensate Unit Letter | | | Section | Township | R | ange |
| give lo | н | 10 | | 17 | 32 | |
| Authorized transporter of | oil 🚺 or condensate | | Address (give add | dress to which appr | oved copy of thi | is form is to be sent) |
| Texas-New Mexic | co Pipeline Co. | | Midla | and, Texas | | |
| | - | Gas Actually Connected | ? Yes X | No | <u></u> | <u></u> |
| Authorized transporter of | casing head gas x or | | | | oved copy of th | is form is to be sent) |
| Phillips Pet. Connec | | | ed Bartlesville, Okla. | | | |
| | | lain its present disposition: | | | · | |
| | Casing head gas . | Dry Gas | oller and I | Nichol s. C r | nange oper | ator |
| Remark s | | <u></u> | | | | <u></u> |
| | | | | | | |
| The undersigned certi | ifies that the Rules and | Regulations of the Oil Con | nservation Comr | mission have been | n complied wit | h. |
| | Executed this the _ | 26th day ofOc | tober | , 19 <u>62</u> | | At- |
| OIL | CONSERVATION COM | MISSION | Ву | Ø-1 | P MACG | MA |
| oved by | | | Title | O.L. McCu | tcheon | |
| · ///. | | | 1 | | | |
| | | | | Supt. | | |
| | | | Company | Supt. | , , , , , , , , , , , , , , , , , | <u></u> |
| X | | | Company | Supt. | ch ols | <u></u> |
| 1 | | | | | chol s | |
| / | | | Company Address | | | |