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| SANTA                                                                                                                                     | DISTRIBUTION                                  |                                      |                 | .W MEX             |          | L CONSE                       | ERVAT        | ION C                                                           | N                     | FO                 | RM C-110      |
| FILE                                                                                                                                      |                                               |                                      | i i             |                    | SAN      | TA FE,                        | NEWM         | EXICO                                                           |                       |                    | Rev. 7-60)    |
| U.S.G.S                                                                                                                                   |                                               |                                      | CEDTIEL         | -                  |          | -                             |              | • .                                                             | 1017ATI               |                    | ,             |
| TRANS                                                                                                                                     | OIL<br>PORTER GAS                             |                                      |                 | CAIE (<br>M TDAM   | 15 CU.   | ·ጠ『LIA<br>) 〒 ヘ!!             |              | AND AUTHO                                                       |                       | Cac                |               |
| PRORA                                                                                                                                     | TION OFFICE                                   |                                      | 1               | UIKAN              | ISFUR    |                               | ANU          | NATURAL C                                                       | JAJ ~                 | · • • • •          |               |
| FILE THE ORIGINAL AND 4 COPIES WITH THE APPROVALATE OFFICE                                                                                |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Comj                                                                                                                                      | pany or Operator<br>Continenta                | 1 011 Com                            |                 |                    |          |                               |              | Grace Mitch                                                     |                       | 0 33               | Well No.<br>5 |
| Unit                                                                                                                                      | Luter Section Township                        |                                      |                 | Rangie             |          |                               |              | County Lea                                                      |                       |                    |               |
| Pool                                                                                                                                      | Robinson                                      |                                      |                 |                    |          | K                             |              | Kind of Lease (State, Fed, Fee)<br>Federal                      |                       |                    |               |
|                                                                                                                                           |                                               | ces oil or conde<br>ocation of tanks |                 | sate Unit Letter I |          |                               | Section<br>5 | Township Rang<br>17 32                                          |                       | Range<br><b>32</b> |               |
| Auth                                                                                                                                      | Authorized transporter of oil 🛋 or condensate |                                      |                 |                    |          |                               |              | give address to which approved copy of this form is to be sent) |                       |                    |               |
| Continental Pipe Line Company Box 410 - Artesia, New Mexice                                                                               |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Is Gas Actually Connected? Yes No                                                                                                         |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Authorized transporter of casing head gas T or dry gas Date Con- Address (give address to which approved copy of this form is to be sent) |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Continental Oil Company                                                                                                                   |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Maljamar Gasoline Plant No. 60 5-21-6? Box 427 - Hobbs, New Mexico                                                                        |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| If gas is not being sold, give reasons and also explain its present disposition:                                                          |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           | fr - T                                        |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| REASON(S) FOR FILING (please check proper box)                                                                                            |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           | New Well Change in Ownership                  |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Change in Transporter (check one) Other (explain below)                                                                                   |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Oil Dry Gas                                                                                                                               |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Casing near gas . The Condensate                                                                                                          |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| 1                                                                                                                                         |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
| Rem                                                                                                                                       | arks                                          |                                      |                 |                    |          |                               |              |                                                                 |                       |                    | <u>,</u>      |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          |                               |              |                                                                 |                       | ·····              |               |
| The                                                                                                                                       | undersigned certi                             | fies that the F                      | ules and Regula | tions of th        | e Oil Co | onservatio                    | on Comn      | nission have been                                               | complied w            | ith.               |               |
|                                                                                                                                           |                                               | Executed                             | his the 5th     | day of             | June     | •                             |              | <u> </u>                                                        |                       |                    |               |
| )                                                                                                                                         | OIL                                           | •                                    | ON COMMISSION   |                    |          | By                            |              | $\sim$                                                          | . <u>.</u> , <u> </u> |                    |               |
| Appro                                                                                                                                     | oved by                                       |                                      | )               |                    |          | 1(                            | $\int c$     | . dr                                                            | ce-                   |                    |               |
| t                                                                                                                                         | 6.1.                                          | 7 4                                  |                 |                    |          | Title District Superintendent |              |                                                                 |                       |                    |               |
| Title                                                                                                                                     |                                               |                                      |                 |                    |          | Company                       |              |                                                                 | <i>с</i> 1            |                    |               |
|                                                                                                                                           |                                               | (/                                   |                 |                    |          | Continental Oil Company       |              |                                                                 |                       |                    |               |
| Date                                                                                                                                      |                                               | V                                    |                 |                    |          | Address                       |              |                                                                 |                       |                    |               |
|                                                                                                                                           |                                               |                                      |                 |                    |          | 1                             |              | 27 - Hobbs,                                                     | New Max               | 100                |               |
|                                                                                                                                           | NIMOCC (5)                                    | SW WAM FIL                           | le              |                    |          |                               |              |                                                                 |                       |                    |               |