·		~				_			
NUMBER OF COPIES RECEIVED DISTRIBUTION		N N	EW MEXICO	OIL CONSER	ATION C	0; 5510N		FORM C-110	
SANTA FE, NEW MEXICO (Rev. 7–60)									
LAND OFFICE CERTIFICATE OF COMPLIANCE AND AUTHORIZATION									
TRANSPORTER GAS PRORATION OFFICE				ORT OIL A					
OPERATOR				4 COPIES WITI		POPPIATE		<u> </u>	
Company or Operator				4 001 123 1111	Lease	ere d'al	<u> </u>	Well No.	
Continental	<u>_</u>					MCA Uni	lt	1	
Unit Letter B	Section 17	Township 175	Rang	32 E	Cou	Lea.			
Pool Maljamar Kind of Lease (State, Fed, Fee) federal									
If well produces oil or condensate give location of tanks L						nship	Rang		
Authorized transporter of oil 🔭 or condensate					17 17S 32E Address (give address to which approved copy of this form is to be sent)				
Continental Fipe Line Company Box 410, Artesia, New Mexico									
and the story of t									
Is Gas Actually Connected? YesNo									
Authorized transporter of casing head gas 🗌 Xir dry gas 📄 Date Con-Address (give address to which approved copy of this form is to be sent)								orm is to be sent)	
Maljamar Gesoline Flant No. 60									
	Continental Cil Company Box 427, Hobbs, New Mexico								
If gas is not being sold, give reasons and also explain its present disposition:									
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 head gas. 🖂 Condensate 🔄 Change in well designation									
Remarks									
This well va with the unit	s iormer. Lization	ly the Contin of the ECA	nantal 011 20 5-1-63	. Compeny h it was re	m. Mitch numbered	hell B No 4 MCA Uni	1, 25. Bfi + No. 7	fective	
with the unitization of the ACA on 5-1-63, it was renumbered MCA Unit No. 1.									
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.									
Executed this the <u>lst</u> day of <u>May</u> , 19									
OIL CONSERVATION COMMISSION									
Approved by				- 0	6				
	X_{1}	A.		Title	<u> </u>	fare	lv-		
- 704 -	`_`\/	Ame,			Asst	. Distri	ct Superir	itenden t	
Title		"		Company	Cont	tinental	Cil Compar	1à	
Date				Address					
					Bgx	127, Hab	bs, New He	pçi co	
MMOCC (5) St	V HAM P	APPINERS (5)	FIF		····				