| NUMBER OF COPIES RECEIVED                                                                            |                                                 |                     |                                                                          |                                     |                       |  |
|------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------|--------------------------------------------------------------------------|-------------------------------------|-----------------------|--|
| DISTRIBUTION                                                                                         |                                                 | IEW MEXICO OI       | L CONSERVAT                                                              | ION COM SION                        | FORM C-110            |  |
| FILE                                                                                                 |                                                 |                     | TA FE, NEW M                                                             | EXICO                               | (Rev. 7-60)           |  |
| U.5.G.5.                                                                                             |                                                 |                     |                                                                          |                                     |                       |  |
| TRANSPORTER OIL CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br>TO TRANSPORT OIL AND NATURAL CAST III |                                                 |                     |                                                                          |                                     |                       |  |
| GAS<br>PRORATION OFFICE                                                                              | т                                               | <b>J TRANSPOR</b>   | T OIL AND                                                                | NATURALO PAST III 1                 | - 111 200             |  |
| OPERATOR                                                                                             |                                                 | RIGINAL AND A C     | OPIES WITH TH                                                            | E APPROPRIATE OFFICE                | 5 AH '63              |  |
| Company or Operator                                                                                  | 11122 1112 0                                    | MONTAL AND 4 C      | <u>                                     </u>                             | Lease                               | Well No.              |  |
| Fair Oil                                                                                             | Company                                         |                     |                                                                          | Johns "B"                           | 3                     |  |
| Unit Letter Section                                                                                  | Township                                        | Range               |                                                                          | County                              |                       |  |
| 0 26                                                                                                 | 178                                             |                     | 32E                                                                      | Lea                                 |                       |  |
| Pool                                                                                                 |                                                 |                     | -                                                                        | Kind of Lease (State, Fed Fee)      |                       |  |
| Maliamar                                                                                             |                                                 |                     |                                                                          | Federal                             |                       |  |
| If well produces oil or condensate                                                                   |                                                 | Unit Letter         | Section                                                                  | Township R                          | ange                  |  |
| give location of tanks                                                                               |                                                 | 0                   | 26                                                                       | 175                                 | 32E                   |  |
| Authorized transporter of oil X or condensate                                                        |                                                 |                     | Address (give ad                                                         | dress to which approved copy of thi | s form is to be sent) |  |
|                                                                                                      | د                                               |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | <b>)</b>                            |                       |  |
| Texas-New Mexico Pir                                                                                 | <u>e Line Co</u>                                | mpany               |                                                                          | nd, Texas                           |                       |  |
|                                                                                                      | Is Gas Ad                                       | tually Connecte     | +                                                                        | No <u>A</u>                         |                       |  |
| Authorized transporter of casing head gas or dry gas Date Con-<br>nected                             |                                                 |                     | Address (give address to which approved copy of this form is to be sent) |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | Continental Oil Company - Operator  |                       |  |
| Maljamar Cooperative Repressuring Assn. Hobbs. New Mexico                                            |                                                 |                     |                                                                          |                                     | ng Ass'n              |  |
| <b>Maljamar</b> Cooperative<br>If gas is not being sold, give reasons as                             | <u><b>Repressur</b></u><br>Ind also explain its | ng ASSN.            | HODDS                                                                    | New Mext Co                         |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | a connection is ma                  | de                    |  |
| Gas will be delivered                                                                                | i to Malja                                      | mar plant           | as soon a                                                                | a connection is me                  | 100.                  |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      | REASO                                           | N(S) FOR FILING     | (please check p                                                          | roper box)                          |                       |  |
| New Well                                                                                             |                                                 | <b>⊢*</b> 1         | Change in Owne                                                           | ership                              |                       |  |
|                                                                                                      | nsporter (check one                             |                     | Other (explain b                                                         |                                     |                       |  |
| Oil Dry Gas                                                                                          |                                                 |                     | RECEIVED                                                                 |                                     |                       |  |
|                                                                                                      | lensate                                         |                     |                                                                          | IVED                                |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | SEP 2                               | 6 1963                |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | Ö. C                                |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | <b>人民主任日</b> (1)                    | OFFICE                |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
| Remarks                                                                                              |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
| The undersigned certifies that the I                                                                 | Rules and Regula                                | tions of the Oil Co | onservation Comm                                                         | nission have been complied with     | la .                  |  |
|                                                                                                      |                                                 |                     |                                                                          | ()                                  |                       |  |
| Executed                                                                                             | this the 24th                                   | _ day ofSept        | ember                                                                    | , 19 <b>01</b> //                   |                       |  |
| OIL CONSERVAT                                                                                        | ION COMMISSION                                  |                     | By                                                                       |                                     |                       |  |
|                                                                                                      |                                                 |                     | $+$ $\sim \mathcal{D}$                                                   | at IT Ky                            | lucia                 |  |
| Approved by                                                                                          |                                                 |                     | Title                                                                    | ant there                           | min                   |  |
| [/n/1/]                                                                                              |                                                 |                     | Title                                                                    |                                     |                       |  |
|                                                                                                      |                                                 |                     | Agen                                                                     | <u>C</u>                            |                       |  |
| Critte                                                                                               |                                                 |                     | Company                                                                  |                                     |                       |  |
|                                                                                                      |                                                 |                     |                                                                          |                                     |                       |  |
| ~                                                                                                    |                                                 |                     |                                                                          | 011 Company                         |                       |  |
| Date                                                                                                 |                                                 |                     | Address                                                                  |                                     |                       |  |
|                                                                                                      |                                                 |                     | Por                                                                      | 689, Tyler, Texas                   |                       |  |
|                                                                                                      |                                                 |                     |                                                                          | UUTS AJAUAS IURAD                   |                       |  |