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| TRANSPORTER               | OIL<br>GAS |
| PRORATION OFFICE          |            |
| OPERATOR                  |            |

NEW MEXICO OIL CONSERVATION COMM. ON  
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<br><b>Continental Oil Company</b>                                                  |                      |                        |                                                                          | Lease<br><b>MCA Unit</b>                                                 |       | Well No.<br><b>204</b> |  |
| Unit Letter<br><b>0</b>                                                                                | Section<br><b>27</b> | Township<br><b>17S</b> | Range<br><b>32E</b>                                                      | County<br><b>Lea</b>                                                     |       |                        |  |
| Pool<br><b>Maljamar</b>                                                                                |                      |                        |                                                                          | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>                        |       |                        |  |
| If well produces oil or condensate<br>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 checked="" 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:

**Gas Injection Input Well**

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 was formerly the Continental Oil Company Queen "B" No. 11.  
Effective with the unitization of the MCA on 5-1-63 it was renumbered  
MCA Unit No. 204.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the **1st** day of **May**, 19 **63**.

|                             |                                           |                                          |
|-----------------------------|-------------------------------------------|------------------------------------------|
| OIL CONSERVATION COMMISSION |                                           | By                                       |
| Approved by                 |                                           | <b>Assistant District Superintendent</b> |
| Title                       |                                           |                                          |
| Date                        | Company<br><b>Continental Oil Company</b> |                                          |
|                             | Address<br><b>Box 427, Hobbs, N. M.</b>   |                                          |