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

NEW MEXICO OIL CONSERVATION COMMISSION  
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> <i>Bitterley 2</i>   |  | Well No.<br><b>173</b> |  |
| Unit Letter<br><b>I</b>  | Section<br><b>29</b> | Township<br><b>17</b> | Range<br><b>32</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<br><b>I</b> | Section<br><b>29</b>  | Township<br><b>17</b>  | Range<br><b>32</b>     |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>Texas-New Mexico Pipe Line Company</b>  |                      |                       |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 1510, Midland, Texas</b> |  |                        |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |                      |                       |                         |   |  |                        |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/><br><b>Continental Oil Company</b><br><b>Maljamar Gasoline Plant No. 60</b> |                      |                       |                         | Date Con-<br>nected<br><b>1-1-60</b>  | Address (give address to which approved copy of this form is to be sent)<br><b>Box 427, Hobbs, N. M.</b> |                        |  |

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING** (please check proper box)

|  |   |
|--|---|
| New Well ..... <input type="checkbox"/>  | Change in Ownership ..... <input type="checkbox"/>        |
| Change in Transporter (check one)  | Other (explain below) <input checked="" type="checkbox"/> |
| Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>           | <b>Change in well designation</b>                         |
| Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> | <b>and operator</b>                                       |

Remarks

**This well was formerly the Carper Drilling Company Simon N No. 5. Effective with the unitization of the MCA on 5-1-63, it was renumbered MCA Unit No. 173.**

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

Executed this the 1st day of May, 1963.

|                                   |  |   |
|-----------------------------------|--|---|
| OIL CONSERVATION COMMISSION       |  | By<br><i>J. G. Green</i>                      |
| Approved by<br><i>[Signature]</i> |  | Title<br><b>Asst. District Superintendent</b> |
| Date                              |  | Company<br><b>Continental Oil Company</b>     |
|                                   |  | Address<br><b>Box 427, Hobbs, N. M.</b>       |

**NMOCC (5) SW WAM PARTNERS (3) FILE**