

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="3">NUMBER OF COPIES RECEIVED</td></tr> <tr><td colspan="3">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td><td></td><td></td></tr> <tr><td>FILE</td><td></td><td></td></tr> <tr><td>U.S.G.S.</td><td></td><td></td></tr> <tr><td>LAND OFFICE</td><td></td><td></td></tr> <tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr> <tr><td></td><td>GAS</td><td></td></tr> <tr><td>PRORATION OFFICE</td><td></td><td></td></tr> <tr><td>OPERATOR</td><td></td><td></td></tr> </table>	NUMBER OF COPIES RECEIVED			DISTRIBUTION			SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION OFFICE			OPERATOR			<p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</b></p> <p><b>TO TRANSPORT OIL AND NATURAL GAS</b></p>	<p><b>FORM C-110</b></p> <p>(Rev. 7-60)</p>
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																																
Company or Operator <p style="text-align: center;"><b>DOB Oil Properties, Inc.</b></p>		<div style="text-align: right;">1963 JAN 15 PM 3:55</div> Well No. <p style="text-align: center;"><b>2</b></p>																														
Unit Letter <b>I</b>	Section <b>15</b>	Township <b>16-S</b>	Range <b>33-E</b>	County <b>Lea</b>																												
Pool <b>West Hume Queen</b>			Kind of Lease (State, Fed, Fee) <b>State</b>																													
If well produces oil or condensate give location of tanks		Unit Letter <b>G</b>	Section <b>15</b>	Township <b>16-S</b>	Range <b>33-E</b>																											
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <p style="text-align: center;"><b>The Permian Corporation</b></p>			Address (give address to which approved copy of this form is to be sent)  <p style="text-align: center;"><b>P. O. Box 3119, Midland, Texas</b></p>																													
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>																																
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>  <p style="text-align: center;"><b>None</b></p>		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:  <p style="text-align: center;"><b>Gas is being vented. No gas connection available.</b></p>																																
REASON(S) FOR FILING (please check proper box)																																
<div style="display: flex; justify-content: space-between;"> <div>           New Well ..... <input type="checkbox"/>            Change in Transporter (check one)              Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/>              Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> </div> <div>           Change in Ownership ..... <input type="checkbox"/>            Other (explain below)         </div> </div>																																
Change from undesignated to West-Hume Queen Pool.																																
Remarks																																
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																																
Executed this the <u>15th</u> day of <u>January</u> , 19 <u>63</u> .																																
Approved by 			By 																													
Title 			Title <p style="text-align: center;"><b>Agent</b></p>																													
Date			Company <p style="text-align: center;"><b>DOB Oil Properties, Inc.</b></p>																													
			Address <p style="text-align: center;">% Albritton &amp; Meyer P.O. Box 524 Midland, Texas.</p>																													