|  |                        | <u>````</u>                    |                                       |                          |  |                          |         |
|--|------------------------|--------------------------------|---------------------------------------|--------------------------|--|--------------------------|---------|
| DISTRIBUTION   |                        | NEV                            | MEXICO OIL                            | . CONSERVA               | TION COMMISSION                            | FORM C-                  | 110     |
| ANTA F1  |                        |                                |                                       | TA FE, NEW M             |  | (Rev. 7-6)               | 6)      |
| AND OFFICE   |                        | CEDTIELO                       |                                       |                          | AND AUTHORIZAT                             | nax                      |         |
| BANSBORTEN OIL   |                        |                                | TEANCEAD                              | T OH AND                 | NATURAL GAS                                |                          |         |
| GAS  |                        |                                |                                       |                          |  |                          |         |
| PERATOR  |                        | FILE THE ORI                   | GINAL AND 4 C                         | OPIES WITH T             | HE APPROPRIATE OFFICE                      | Elai D + O<br>Well No.   |         |
| Company or Operator  |                        |                                |                                       |                          | Lease                                      |                          |         |
| C. W. TRAINER  |                        |                                |                                       |                          | Ihme Queen Unit 21                         |                          |         |
| Unit Letter  | Section                | Township                       | Range                                 | -East                    | Lea  |                          |         |
| 0  | /                      | 16-South                       |                                       | -1.450                   | Kind of Lease (State, Fed F                | eej                      |         |
| Pool<br>Hume Quee  | n                      |                                |                                       |                          | State                                      |                          |         |
|  | ces oil or cond        | iensate L                      | Jnit Letter                           | Section                  | Township                                   | Range                    |         |
|  | ocation of tank        |                                | I                                     | 7                        | 16-South<br>address to which approved copy | 34-East                  | ent)    |
| Authorized transporter o   | foil X or c            | ondensate                      |                                       |                          |  |                          |         |
| The Perm   |                        |                                |                                       |                          | 0. Box 3119                                |                          |         |
|  | -                      |                                |                                       | Mi                       | dland, Texas                               |                          |         |
|  |                        | Is Gas Actu                    | ually Connecte                        | d? Yes X                 | No   |                          |         |
| Authorized transporters  | f casing head          |                                | Date Con-                             | Address (give a          | address to which approved copy             | of this form is to be se | ent)    |
| Authorized transporter of casing head gas [X] or dry gas Date Con-<br>Phillips Petroleum Company Address (gr |                        |                                |                                       |                          | Bartlesville, Oklahoma                     |                          |         |
|  |                        | ·····                          |                                       |                          |  |                          |         |
| If gas is not being sold   | give reasons           | and also explain its pr        | esent disposition                     | :                        |  |                          |         |
|  |                        | Dry G                          |                                       |                          |  |                          |         |
| Remarks<br>This well<br>formation  | ll former<br>on of the | ly designated<br>Hume Queen Ur | The Pure O<br>nit, Operat             | il Company<br>or and wel | , Lea State G No. 3<br>1 number are being  | 5. Due to<br>changed.    |         |
| The undersigned ce   | rtifies that th        | e Rules and Regulat            | tions of the Oil                      | Conservation Co          | ommission have been compli                 | ed with.                 | •       |
|  |                        | ed this the                    |                                       | <b>A</b> .               | , 19_62?                                   |                          |         |
|  |                        |                                | /                                     | By                       | 11:  |                          |         |
| 01   | L CONSERV.             | ATION COMMISSION               | · · · · · · · · · · · · · · · · · · · |                          | Cel no                                     | n an an                  |         |
| Approved by  | A.                     | Ramel                          |                                       | Title                    | C. W. Trainer<br>Unit Operator             | und day                  | <u></u> |
| Trile  |                        |                                |                                       | Company                  |  |                          |         |
|  |                        |                                |                                       | Address                  | C. W. TRAINER                              |                          |         |
| Date   |                        |                                |                                       | inquicas.                | P. O. Box 222                              |                          |         |
|  |                        |                                |                                       |                          | Hobbs, New Ye                              | X1C0                     |         |
|  |                        |                                |                                       | 1                        |  |                          |         |