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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

# NEW MEXICO OIL CONSERVATION COMMISSION

SANTA FE, NEW MEXICO

FORM C-110

(Rev. 7-60)

## CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator <b>C. W. Trainer</b>				Lease <b>Hume Queen Unit</b>		Well No. <b>8-6</b>	
Unit Letter <b>I</b>	Section <b>8</b>	Township <b>16-South</b>	Range <b>34-East</b>	County <b>Lea</b>			
Pool <b>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>0</b>	Section <b>8</b>	Township <b>16-South</b>	Range <b>34-East</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 3119 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"/> <b>Phillips Petroleum Company</b>			Date Con- nected <b>12-28-61</b>	Address (give address to which approved copy of this form is to be sent) <b>Bartlesville, Oklahoma</b>			

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

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

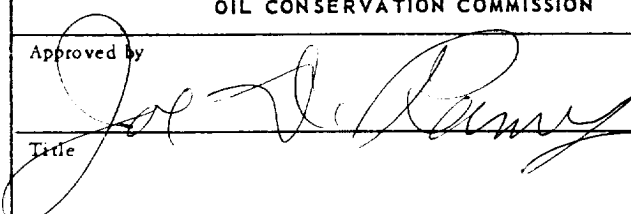
New Well ..... ☐ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐ Well Designation..... ☒  
 Casing head gas . ☐ Condensate.. ☐

### Remarks

This well formerly designated C. W. Trainer, Phillips State No. 3. Due to formation of the Hume Queen Unit designation of well number is being changed.

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

Executed this the 30 day of April, 19 62

OIL CONSERVATION COMMISSION		By
Approved by		<b>C. W. Trainer</b>
Title		Unit Operator
Date		<b>C. W. TRAINER</b>
		Address <b>P. O. Box 2222 Hobbs, New Mexico</b>