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| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | 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 <i>The Atlantic Refining Company</i> | | | | Lease <i>1902 NOV 10 PM 2</i> | | Well No. <i>15</i> |
| Unit Letter | Section | Township | Range | County | | |
| | <i>15</i> | <i>15-3</i> | <i>15</i> | <i>Santa Fe</i> | | |
| Pool <i>Medicine Rock</i> | | | | Kind of Lease (State, Fed, Fee) <i>Lease</i> | | |
| If well produces oil or condensate 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) | | |
| <i>Republic Refining Co.</i> | | | | <i>1000 1/2 S. 1st St. Santa Fe, N.M.</i> | | |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input 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:

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

New Well ☐ Change in Ownership ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Remarks

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

Executed this the *10* day of *NOV*, 19 *40*.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address