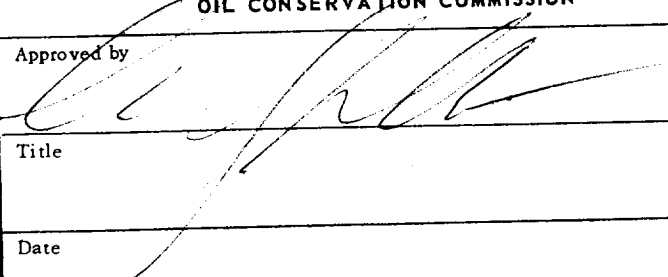


<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRODUCTION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																													
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator <b>Continental Oil Company</b>			Lease <b>Wm. Mitchell B</b>		Well No. <b>24</b>																								
Unit Letter <b>I</b>	Section <b>19</b>	Township <b>17-S</b>	Range <b>32-E</b>	County <b>Lea</b>																									
Pool <b>Maljamar Paddock</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>																										
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"/>  <b>Abandoned but not plugged</b>			Address (give address to which approved copy of this form is to be sent)																										
Is Gas Actually Connected? Yes _____ No <b>X</b>																													
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:																													
<div>REASON(S) FOR FILING (please check proper box)</div> <div><div>New Well ..... <input type="checkbox"/></div><div>Change in Transporter (check one)</div><div>Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/></div><div>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></div><div>Change in Ownership ..... <input type="checkbox"/></div><div>Other (explain below) <b>X</b></div><div><b>Change in Well Designation</b></div></div>																													
Remarks  <b>Permission is requested to change the name of the well at above location from Wm. Mitchell B No. 20P to Wm. Mitchell B No. 20.</b>  <b>Copies to: NMOCC-5 WAM SW File</b>																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																													
Executed this the <b>27</b> day of <b>September</b> , 19 <b>61</b> .																													
OIL CONSERVATION COMMISSION			By																										
Approved by 			Title <b>District Superintendent</b>																										
Title			Company <b>Continental Oil Company</b>																										
Date			Address <b>Rowley Building, Artesia, New Mexico</b>																										