| NUMBER OF COPIES RECEIVED<br>DISTRIBUTION   |                       | IEW MEX   |                |   |  | ON                  | FORM C-110          |  |
|---|-----------------------|---|----------------|---|--|---------------------|---------------------|--|
| FILE<br>U.S.G.S.<br>LAND OFFICE<br>TRANSPORTER<br>GAS   |                       | SANTA FE, NEW MEXICO (Rev. 7-60)<br>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br>TO TRANSPORT OIL AND NATURAL GAS |                |   |  |                     |                     |  |
| OPERATOR  | RORATION OFFICE       |   |                |   |  |                     |                     |  |
| Company or Operator Lease 1.1.1 9 15 Well   |                       |   |                |   |  |                     |                     |  |
| Ç   | ontiner               | tal 011 Compar  |                |   |  | Unit                | 225                 |  |
| Unit Letter D Section Township Range  |                       |   |                | E   | County Lea                                 |                     |                     |  |
| Pool<br>Maljamar  |                       |   |                | ··· ··· ··· ··· · · · · · · · · · · ·     | Kind of Lease (State, Fed, Fee)<br>Federal |                     |                     |  |
| If well produces oil or condensate Unit Letter give location of tanks   |                       |   |                | Section                                   | Township                                   | Rai                 | nge                 |  |
| Authorized transporter of o   | il [] or con          |   |                |   |  | proved copy of this | form is to be sent) |  |
|   |                       | Is Gas Actually C   |                | ••••••••                                  | • <u>¥</u>                                 |                     | form is to be cent) |  |
| Authorized transporter of casing head gas or dry gas Date Connected   |                       |   |                |   |  |                     |                     |  |
| Ga  | s Injec               | tion Input Wel  |                |   |  |                     |                     |  |
|   |                       | REASON(S) FOR   | FILING (please | e check prop                              | oer box)                                   |                     |                     |  |
| New Well Change in Ownership   Change in Transporter (check one) Other (explain below)  |                       |   |                |   |  |                     |                     |  |
| Change in Transporter (check one)     Other (explain below)     X       Oil     Dry Gas     Change in well designation.       Casing head gas.     Condensate     Change in well designation. |                       |   |                |   |  |                     | lo                  |  |
|   |                       |   |                |   |  |                     |                     |  |
| Remarks   |                       |   |                |   |  |                     |                     |  |
| This well was formerly the Continental Oil Company Pearsall "BXY" No. 2.  |                       |   |                |   |  |                     |                     |  |
| Effective with the unitization of the MCA on 5-1-63 1t was renumbered   |                       |   |                |   |  |                     |                     |  |
| MCA Unit No.  |                       | ules and Regulations of t   | he Oil Concern | tion Commis                               | sion have bee                              | n complied with     | · · · · ·           |  |
| ine undersigned certifi   | es mar the K          | ures and regulations of t   | Me OII COUSEIV | Commis                                    | UTA WATE DEC                               | - comprise with     |                     |  |
| Executed this the <b>18t</b> day of, 1963.  |                       |   |                |   |  |                     |                     |  |
| OIL C   | By                    |   |                |   |  |                     |                     |  |
| Approved by   |                       |   |                | Tive<br>Assistant District Superintendent |  |                     |                     |  |
| Title   | ·                     |   | Comp           |   |  |                     |                     |  |
| ×   |                       |   |                | Continental Oil Company                   |  |                     |                     |  |
| Date  |                       | -   | Addro          |   |  |                     |                     |  |
| ·   | Box 427, Hobbs, N. M. |   |                |   |  |                     |                     |  |

XOCC (5) SW WAM PARTNERS (5) FILE