| • | | | | | | |
|--|--------------------------|------------------------------|--|----------|-------------|--|
| NUMBER OF COPIES RECEIVED | | | | | ORM C-110 | |
| SANTA FE, NEW MEXICO (Rev. 7-60) | | | | | (Rev. 7-60) | |
| LAND OFFICE OIL TRANSPORTER OIL GAS CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| PRORATION OFFICE OPERATOR FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE | | | | | | |
| Company or Operator | | | MCA Unit 11 3 1182 | | | |
| Continental Oil Company | | | County | | | |
| Unit Letter J Section Township 17-S | Township 17-S Range 32-E | | | Lea | | |
| Pool Maljamar | Maljamar | | Kind of Lease (State, Fed, Fee) Federal | | | |
| If well produces oil or condensate Un give location of tanks | it Letter | Section | Township | Range | | |
| Authorized transporter of oil or condensate Address (give address to which approved copy of this form is to be sent) | | | | | | |
| | | | | | | |
| Le Gas Actually Connected? Yes No. | | | | | | |
| Is Gas Actually Connected? YesNo Authorized transporter of casing head gas or dry gas Date Con- Address (give address to which approved copy of this form is to be sent) | | | | | | |
| Authorized transporter or casing head gas of dry gas nected | | | | | | |
| | | <u></u> | | | | |
| If gas is not being sold, give reasons and also explain its present disposition: | | | | | | |
| Gas Injection Input Well | | | | | | |
| | | | | | | |
| REASON(S) FOR FILING (please check proper box) | | | | | | |
| New Well | | | | | | |
| Change in Transporter (check one) | | Other (explain below) X | | | | |
| Oil Dry Gas Cha Casing head gas . Condensate Cha | | | Change in well designation | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Remarks | | | | | | |
| | | (11 0 | Port Origon P. N | - 10 | | |
| This well was formerly the Continental Oil Company Queen B No. 40. Effective with the unitization of the MCA on May 1, 1963 it was | | | | | | |
| renumbered MCA Unit No. 182. | | | • | | | |
| | | | | | | |
| The undersigned certifies that the Rules and Regulation | ns of the Oil Conse | rvation Com | | ed with. | | |
| Executed this the <u>lst</u> day of <u>May</u> , 19 <u>63</u> . | | | | | | |
| OIL CONSERVATION COMMISSION | B | | - (| | | |
| Approved by | | ite | 1. Falls | <u> </u> | <u></u> | |
| <u>Att</u> | | Assista | nt District Su | perint | endent | |
| Title | | ompany | | | | |
| (| | | ental 011 Company | ny | | |
| Date | | ^{ddress} Box 427 | , Hobbs, New M | exico | | |
| NMOCC(5) SW WAM PARTNERS(5) F1. | | | | | | |
| MMUCC(5) SW WAR PARTNERS(5) F1. | | | | | | |