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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 <b>GORDON M. CONE</b>	Lease <b>Stanolind-State</b>	Well No. <b>1</b>
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Unit Letter <b>D</b>	Section <b>3</b>	Township <b>18S</b>	Range <b>34E</b>	County <b>Lea</b>
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Pool <b>Grayburg Vacuum San Andres</b>	Kind of Lease (State, Fed, Fee) <b>State</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>D</b>	Section <b>3</b>	Township <b>18S</b>	Range <b>34E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Indianaw Oil Purchasing Company</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 591 - Tulsa 2, Oklahoma</b>
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Is Gas Actually Connected? Yes ☐ No ☒

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

**There is no field outlet, and the gas is being vented.**

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

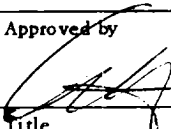
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

**To comply with OCC's recent ultimatum**

Remarks

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

Executed this the 11th day of January, 1964.

<b>OIL CONSERVATION COMMISSION</b>		By <b>(GMC)</b>
Approved by 		Title <b>Operator</b>
Title		Company <b>GORDON M. CONE</b>
Date		Address <b>Box 1148 Lovington, N. M.</b>