

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| PILL | |
| URGE | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| PRODUCTION OFFICE | GAS |
| 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 TEXACO Inc. | | | | Lease State of New Mexico "R" | | Well No. 2 | |
| Unit Letter D | Section 7 | Township 18-S | Range 35-E | County Lea | | | |
| Pool Vacuum Drinkard | | | | Kind of Lease (State, Fed, Fee) State | | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter C | Section 7 | Township 18-S | Range 35-E | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company | | | | Address (give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas | | | |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> | | | Date Connected 1-29- 64 | Address (give address to which approved copy of this form is to be sent) P. O. Box 6666, Odessa, Texas | | | |
| *Phillips Petroleum Company | | | | | | | |

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

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

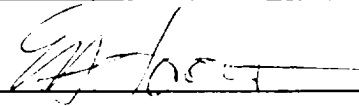
| | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>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

Remarks

* To show Casinghead Gas connection.

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

Executed this the 7 day of February, 1964.

| | | |
|-----------------------------|---|--|
| OIL CONSERVATION COMMISSION | | By |
| Approved by |  | |
| Title | | E. H. Scott District Accountant |
| Date | | Company TEXACO Inc. |
| | | Address P. O. Box 728, Hobbs, New Mexico |