| NUMBER OF COPIES RECEIVED  | <b>—</b>                              |                                       | IEW MENICO OL   | LCONCEDVAT       | ION CONFESSION               | 500V 6 110                  |  |
|--|---------------------------------------|---------------------------------------|-----------------|------------------|------------------------------|-----------------------------|--|
| DISTRIBUTION SANTA FE  |                                       | NEW MEXICO OIL CONSERVATION COMPOSION |                 |                  |                              | FORM C-110                  |  |
| FILE<br>U.S.G.S.   |                                       |                                       | SAN             | TA FE, NEW M     | EXICO                        | (Rev. 7-60)                 |  |
| CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  |                                       |                                       |                 |                  |                              |                             |  |
| TO TRANSPORT OIL AND NATURAL GAS   |                                       |                                       |                 |                  |                              |                             |  |
| PRORATION OFFICE  OPERATOR   |                                       |                                       | - IIIAIIOI VI   |                  | THE VICE VICE                |                             |  |
| OPERATOR   |                                       | FILE THE O                            | RIGINAL AND 4   | OPIES WITH TH    | E APPROPRIATE PEFIC          |                             |  |
| Company or Operator  |                                       |                                       |                 |                  | Lease                        | ' 1 well 1 well 1 vo.       |  |
| Kewanee Oil  | Company                               |                                       |                 |                  | Big Circle                   | 3                           |  |
| Unit Letter  | Section                               | Township                              | Range           |                  | County                       |                             |  |
| 0  | 0 24 198                              |                                       |                 | 32E              | Lea                          |                             |  |
| Pool Kind of Lease (State, Fed, Fee)   |                                       |                                       |                 |                  |                              |                             |  |
| Undesignated Federal   |                                       |                                       |                 |                  |                              |                             |  |
| If well produces oil or condensate   |                                       |                                       | Unit Letter     | Section          | Township                     | Range                       |  |
| give location of tanks   |                                       |                                       | P               | 24               | 198                          | 32E                         |  |
| Authorized transporter o   | foil 🗶 or con                         | ndensate 🔲                            |                 | Address (give ad | dress to which approved copy | of this form is to be sent/ |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
| Texas-New Mexico Pipe Line Company P.O. Box 1510, Midland, Texas   |                                       |                                       |                 |                  |                              |                             |  |
| Is Gas Actually Connected? Yes No X  |                                       |                                       |                 |                  |                              |                             |  |
| 1  |                                       |                                       |                 |                  |                              |                             |  |
| Authorized transporter of casing head gas X or dry gas Date Connected Address (give address to which approved copy of this form is to be sent) |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
| Phillips Petroleum Company P.O. Box 2105, Hobbs, New Mexico  |                                       |                                       |                 |                  |                              |                             |  |
| If gas is not being sold, give reasons and also explain its present disposition:   |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       | 4 3 4                                 |                 | •                |                              | 455                         |  |
| -  | -                                     |                                       | asinghead g     | as. Gas no       | w being used on le           | ease (Engines               |  |
| and Treater),  | balance f                             | lared.                                |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       | REASO                                 | N(S) FOR FILING | (please check p  | roper box)                   |                             |  |
| New Well   |                                       |                                       |                 |                  |                              |                             |  |
| Change in Transporter (check one)  Other (explain below)   |                                       |                                       |                 |                  |                              |                             |  |
| Oil Dry Gas  |                                       |                                       |                 |                  |                              |                             |  |
| Casing head gas . Condensate   |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              | •                           |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
| Remarks  |                                       |                                       | <del> </del>    |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              | <u> </u>                    |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.                           |                                       |                                       |                 |                  |                              |                             |  |
| <u> </u>   |                                       |                                       |                 |                  |                              |                             |  |
| Executed this the 8th day of February, 1963.   |                                       |                                       |                 |                  |                              |                             |  |
|  | CONSERVAT                             | ION COMMISSION                        | Į.              | By               | _                            |                             |  |
|  |                                       |                                       |                 | 1 1              | Strucean                     |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
|  |                                       |                                       |                 |                  | Division Superintendent      |                             |  |
|  |                                       |                                       |                 |                  |                              |                             |  |
| Title  |                                       |                                       |                 | Company          |                              |                             |  |
| Kewanee Oil Company  |                                       |                                       |                 |                  |                              |                             |  |
| /  | · · · · · · · · · · · · · · · · · · · |                                       |                 | Address          | on company                   |                             |  |
| Date   |                                       |                                       |                 | P.O. Bo          | × 3786                       |                             |  |
|  |                                       |                                       |                 | i                |                              | 1                           |  |
| Odessa, Texas  |                                       |                                       |                 |                  |                              |                             |  |