

RECEIVED	DATE	TIME

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FORM C-11  
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

DEC 13 9 33 AM '63

Company or Operator <b>TEXACO Inc.</b>				Lease <b>St. of NM "AB"</b>		Well No. <b>15</b>
Unit Letter <b>G</b>	Section <b>11</b>	Township <b>18-S</b>	Range <b>31-E</b>	County <b>Lea</b>		
Pool <b>*Vacuum Abo Reef</b>				Kind of Lease (State, Fed, Fee) <b>State</b>		
If well produces oil or condensate give location of tanks		Unit Letter <b>F</b>	Section <b>12</b>	Township <b>18-S</b>	Range <b>31-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas New Mexico Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1510 Midland, Texas</b>		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>Vented</b>		Date Connected	Address (give address to which approved copy of this form is to be sent)			

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

To be connected later.

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

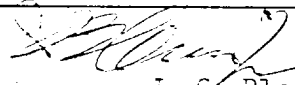
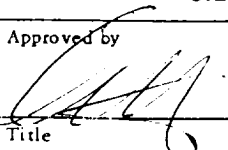
- New Well ☐ Change in Ownership ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐

Remarks

\*This C-110 filed to show change in field name from Undesignated to Vacuum Abo Reef.

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

Executed this the 11th day of December, 19 63.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>J. C. Blewins, Jr.</b>	
Title	Company <b>TEXACO Inc.</b>	
Date <b>DEC 13 1963</b>	Address <b>P. O. Box 728 - Hobbs, New Mexico</b>	