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| DISTRIBUTION              |     |
| SANTA FE                  |     |
| FILE                      |     |
| 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 64

|  |               |                  |                                |  |                  |               |  |
|--|---------------|------------------|--------------------------------|--|------------------|---------------|--|
| Company or Operator<br>TEXACO Inc.   |               |                  |                                | Lease<br>State of N. M. "AE"   |                  | Well No.<br>7 |  |
| Unit Letter<br>H   | Section<br>12 | Township<br>18-S | Range<br>34-E                  | County<br>Lea  |                  |               |  |
| Pool<br>*Vacuum Abo Reef   |               |                  |                                | Kind of Lease (State, Fed, Fee)<br>State   |                  |               |  |
| If well produces oil or condensate<br>give location of tanks   |               |                  | Unit Letter<br>F               | Section<br>12  | Township<br>18-S | Range<br>34-E |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><br>Texas-New Mexico Pipe Line Company     |               |                  |                                | Address (give address to which approved copy of this form is to be sent)<br><br>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"/><br><br>** Phillips Petroleum Company |               |                  | Date Con-<br>nected<br>1-29-64 | Address (give address to which approved copy of this form is to be sent)<br><br>P. O. Box 6666, Odessa, Texas  |                  |               |  |

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

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, as per NMOCC order R-2639.  
  
\*\* 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, 19 64.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

E. H. Scott  
District Accountant

TEXACO Inc.

P. O. Box 728, Hobbs, New Mexico