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U.S.G.S.	
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 Gulf Oil Corporation				Lease Lea State "Ed"		Well No. 1	
Unit Letter M	Section 16	Township 19S	Range 34E	County Lea			
Pool Quail Ridge Bone Springs				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter M	Section 16	Township 19S	Range 34E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation				Address (give address to which approved copy of this form is to be sent) Box 4157, Midland, Texas			
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"/>			Date Connected vented	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:

No transporter in vicinity

~~Producing oil and gas in the vicinity of the well.~~

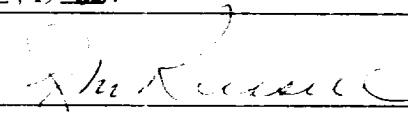
REASON(S) FOR FILING (please check proper box)

- | | |
|--|--|
| 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"/> | Change in pool designation |

Remarks

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

Executed this the 25th day of July, 19 62.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		Area Production Manager
Date	Company Gulf Oil Corporation	
	Address Box 2167, Hobbs, N.M.	