

<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRORATION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COM. SION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																													
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	GAS																												
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OPERATOR																													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator				Well No. 46																									
Unit Letter L	Section 1	Township 17-S	Range 36-E	County Lea																									
Pool				Kind of Lease (State, Fed, Fee) State																									
If well produces oil or condensate give location of tanks		Unit Letter N	Section 1	Township 17-S	Range 36-E																								
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>			Address (give address to which approved copy of this form is to be sent)																										
Is Gas Actually Connected? Yes XXX No																													
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		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:																													
<div>REASON(S) FOR FILING (please check proper box)</div> <div>New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/></div> <div>Change in Transporter (check one)</div> <div>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></div> <div>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/></div>																													
Remarks <div>Amerada Petroleum Corp.'s - State "IA" Well No. 7</div>																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																													
Executed this the _____ day of _____, 19 ____.																													
OIL CONSERVATION COMMISSION			By (ORIGINAL SIGNED) H. E. Aab																										
Approved by			Title																										
Title			Company																										
Date			Address																										