NUMBER OF COPIES RECEIVED			
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U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
PRORATION 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)

HOBBS OFFICE O.C.C.

APR 16 10 45 AM '64

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICER

Company or Operator	Lease	Well No.
Socony Mobil Oil Company, Inc.	~~State~~ Bridges *State*	96

Unit Letter	Section	Township	Range	County
H	26	17 S	34 E	Lea

Pool	Kind of Lease (State, Fed, Fee)
Vacuum Lower-Pennsylvanian	State

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
	NE/4	26	17 S	34 E

Authorized transporter of oil [X] or condensate [ ]

Address *(give address to which approved copy of this form is to be sent)*

Magnolia Pipe Line Company

Box 900, Dallas 21, Texas

Is Gas Actually Connected? Yes X No ____

Authorized transporter of casing head gas [X] or dry gas [ ]

Date Connected
3/12/63

Address *(give address to which approved copy of this form is to be sent)*

Phillips Petroleum Company

Box 2105, Hobbs, New Mexico

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 Transporter *(check one)*

Oil .... [ ]   Dry Gas .... [ ]

Casing head gas . [ ]   Condensate.. [ ]

Change in Ownership .... [ ]

Other *(explain below)*   X

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 __15th__ day of ___April___, 19__64__.

OIL CONSERVATION COMMISSION	By
Approved by	*J D Clemmer*
	Title
Title	Group Supervisor
	Company
	Socony Mobil Oil Company, Inc.
Date	Address
	Box 1800, Hobbs, New Mexico