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| 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)

HOBBS OFFICE O. C. O.
DEC 16 7 40 AM '63

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | |
|--|----------------------------|----------------------|
| Company or Operator Coastal States Gas Producing Company | Lease Gulf State | Well No. 1 |
|--|----------------------------|----------------------|

| | | | | |
|-------------------------|----------------------|-------------------------|----------------------|----------------------|
| Unit Letter F | Section 20 | Township 17-S | Range 36-E | County Lea |
|-------------------------|----------------------|-------------------------|----------------------|----------------------|

| | |
|-------------------------------|---|
| Pool Double "A" Abo | Kind of Lease (State, Fed, Fee) State |
|-------------------------------|---|

| | | | | |
|--|-------------------------|----------------------|-------------------------|----------------------|
| If well produces oil or condensate give location of tanks | Unit Letter F | Section 20 | Township 17-S | Range 36-E |
|--|-------------------------|----------------------|-------------------------|----------------------|

| | |
|--|--|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipeline Company | Address (give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas |
|--|--|

Is Gas Actually Connected? Yes _____ 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:

Flared - No Present Market.

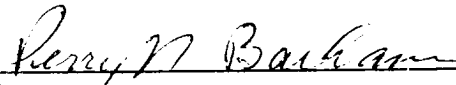
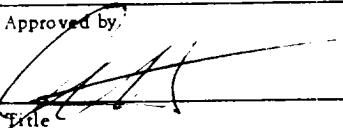
REASON(S) FOR FILING (please check proper box)

New Well ☐ Change in Ownership ☐
Change in Transporter (check one) Other (explain below)
Oil ☒ Dry Gas ☐
Casing head gas . ☐ Condensate.. ☐ 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 13th day of December, 19 63.

| | | |
|--|---|--|
| OIL CONSERVATION COMMISSION | | By  |
| Approved by:  | Title Production Superintendent | |
| Date | | Company COASTAL STATES GAS PRODUCING COMPANY |
| | | Address P. O. Box 385, Abilene, Texas |