| 015            | TRIBUTION |    |
|----------------|-----------|----|
| SANTA FE       |           |    |
| FILE           |           |    |
| U. 5. G . 1.   |           |    |
| LAND OFFICE    |           |    |
| TRANSPORTER    | OIL       | ļ. |
|                | GAS       |    |
| PRORATION OFFI | C E       |    |
| OPERATOR       |           |    |

## NEW MEXICO OIL CONSERVATION COM. JON SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

| A F!                    |                                     |   |                | 'A FE, NEW M    |                             | ZATION                                       |
|-------------------------|-------------------------------------|---|----------------|-----------------|-----------------------------|--|
| OFFICE                  |                                     | CERTIFICATI   | E OF CO        | APLIANCE        | AND AUTHORI                 |  |
| ATION OFFICE            |                                     |   |                |                 | NATURAL GAS                 |  |
| ATOR                    |                                     | FILE THE ORIGINA                                    | AL AND 4 C     | OPIES WITH TH   | HE APPROPRIATE O            | FFICE   Well No.                             |
| pany or Operator        | m 1334                              |   |                |                 | Lease<br>M. E. Hal          | <b>A</b>                                     |
|                         |                                     | Petroleum Compa                                     | Range          |                 | County                      |  |
| it Letter <b>P</b>      | Section<br>35                       | Township<br>17S                                     |                | 34E             | Lea (State                  | Fod Fee                                      |
| ol Hadada               | noted (Va                           | cuum Glorieta)                                      |                |                 | Kind of Lease (State, State |  |
|                         |                                     | T1-ia   | Letter         | Section         | Township<br>17S             | Range 34E                                    |
| If well produ<br>give l | ices oil or conc<br>ocation of tank | ks  |                | 0 35            | iddress to which approve    | ed copy of this form is to be sent)          |
| thorized transporter o  | of oil a or o                       | condensate  |                | Address (give u |                             |  |
| The Permian             |                                     |   |                | Box 3119        | - Midland, Te               | xas  |
| The remitan             |                                     |   |                | ad? Yes X       | _No                         |  |
|                         |                                     | Is Gas Actual                                       | Date Con-      | Allera Cairo    | address to which approve    | ed copy of this form is to be sent)          |
|                         |                                     | gas 🗶 or dry gas 🗌                                  | nected         | Phillip         | bs pros - mour              | <b>D−</b> ∠                                  |
| Phillips Pet            | roleum C                            | ompany  | 4-15-64        | Odessa          | TEYUD                       |  |
|                         |                                     | s and also explain its prese                        | nt disposition | :<br>:          |                             |  |
|                         | Change in<br>Oil                    | Transporter (check one)  Dry Gas head gas . Condens | 🗆              | Other (expla    | in below)                   |  |
|                         |                                     |   |                |                 |                             |  |
|                         |                                     |   |                |                 |                             |  |
| Remarks  Dual compl     | <b>leti</b> on                      |   |                |                 |                             |  |
|                         |                                     |   |                |                 |                             |  |
|                         |                                     |   |                |                 |                             |  |
|                         |                                     |   |                |                 | Commission have been        | a complied with.                             |
| The undersigned (       | ertifies that                       | the Rules and Regulatio                             | ns of the Oi   | l Conservation  | Commission have been        | -  |
|                         |                                     |   | day of         | April           | , 1964                      |  |
|                         |                                     | VATION COMMISSION                                   |                | Ву              |                             | - <u>-                                  </u> |
| Approved by             |                                     |   |                | Title           | Office Manager              |  |
| This                    |                                     |   |                | C. T. CAN       |                             | Leum Company                                 |
| 1~ "                    |                                     |   |                | 1 4             | LUTITIDE LACTOR             | · · · · · · · · · · · · · · · · · · ·        |
|                         |                                     |   |                |                 | rmitiips recro              |  |