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BANTA FE							
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LAND OFFICE							
	OIL						
TRANSPORTER	040		1				
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CO. C. O. C.	7	l					

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

FORM	C-110
(Rev.	7-60)

CERTIFICATE OF COMPLIANCE	AND AUTHORIZATION
TO TRANSPORT OIL AND	NATURAL GAS
10 intition out a	Fue 27 1

ANSPORTER GAS					NATURAL GAS		
ENATION OFFICE		FUE THE ORIGIN	VAL AND 4 CO	PIES WITH TH	E APPROPRIATE OF	57ct 164	
ompany or Operator		THE THE OWNER			Lease	/ 9	Well No.
TEXACO Inc.				TEXACO-Shell-S	ca ca girii		
nit Letter	Section	Township 17-S	Range	34-E	County	Lea	
J	25				Kind of Lease (State,	Fed,Fee) State	
ool Vacuu	um Abo No				Township	Range	
If well produ	ces oil or con	densate	t Letter J	Section 25	17 <b>-</b> S		34-E
	ocation of tan			Address (give ad	dress to which approved	l copy of this form	s to be sent)
Authorized transporter o					P. O. B		1.0
*Texas	s-New Mex	rico Pipe Line C	ompany		Midland	, Texas	
		Is Gas Actua	lly Connected	? Yes X	_No		
Authorized transporter o	of casing head		Date Con- nected	Address (give ad	ldress to which approved P. O. B	ox 728	is to be sent)
mrv.	TEXACO Inc. 6-1-64				H <b>ob</b> bs,	New Mexico	\$7.7
			ll				
f gas is not being sold	, give reasons	and also explain its pres	_				
		REASON(S	) FOR FILING	(please check	proper box)		
					nership	🗆	
		Transporter (check one)	• • • • • • • • • • • • • • • • • • • •	Other (explain			
		Dry Gas					
	Casing	head gas . Condens	sate				
<del></del>							
Remarks						-i Cdo Odi	Cornoration
*This	c-110 f	iled to show ch	ange in oi	l transpor	ter from Admir	al crude of	. 001 por a 0 101
to 1	Cexas-New	Mexico Pipe Li	ne Company	• ,	•		
The undersigned ce	ertifies that	he Rules and Regulatio	ons of the Oil C	onservation Co	mmission have been	complied with.	
The anderor Succession		ted this the 27th	Aug	ust	<u>, 19 64 .</u>		
			gay of	Ву	10/1		
0	IL CONSER	ATION COMMISSION		11	THE DE	(Fe)——	
Approved by				Title	E. H. S Distric	cott t Accountan	t
				Company			
Title					OORAGI	THO	
					D 0 T	Por 728	
Date				Address			
10					nobus,	Hew Hexton	
				Address	P. O. F		