| NUMBER OF COPIES RECEIV  |   |                 |           | ~ N           | EW MEX           | (ICO OIL | CONS                             | ERVATI                                | ION COMISSION                   |                   | FORM C-110                            |  |
|--|---|-----------------|-----------|---------------|------------------|----------|----------------------------------|---------------------------------------|---------------------------------|-------------------|---------------------------------------|--|
| PILE   |   |                 | · ·       |               |                  |          |                                  | NEW ME                                |                                 |                   | (Rev. 7-60)                           |  |
| LAND OFFICE  | CERTIFICATE OF COMPLIANCE AND AMTHORIZATION |                 |           |               |                  |          |                                  |                                       | ON                              | • .               |                                       |  |
| TRANSPORTER GIL.   |   | <u> </u>        | ]         | TC            | TRAI             | NSPOR    | T OII                            | AND                                   | NATURAL GAS                     |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Company or Operator   Lease 15   Vell No.  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| TEXACO-Inc.  |   |                 |           |               |                  |          |                                  |                                       | St. New Mexico "Ch              | Il <sup>e</sup> 🚗 | 1                                     |  |
| Unit Letter Section Township   |   |                 |           |               | Range 32-E       |          |                                  |                                       | County                          | · V               | · · · · · · · · · · · · · · · · · · · |  |
|  |   |                 |           | 20 <b>-</b> S | 20 <b>-</b> S    |          |                                  | <del></del>                           | Lea                             |                   |                                       |  |
| Pool Atoka 12 1 1 1  |   |                 |           |               |                  |          |                                  | Kind of Lease (State, Fed, Fee) State |                                 |                   |                                       |  |
| If well produces oil or condensate<br>give location of tanks   |   |                 |           |               | Unit Letter<br>H |          |                                  | Section<br>36                         | Township 20-S Range 32-E        |                   | 32-E                                  |  |
| Authorized transporter of oil or condensate X  |   |                 |           |               |                  |          | Addres                           | s (give add                           | dress to which approved copy of | this f            | orm is to be sent)                    |  |
| The Permian Corporation  |   |                 |           |               |                  |          | P. O. Box 4157<br>Midland, Texas |                                       |                                 |                   |                                       |  |
| Is Gas Actually Connected? YesNo   |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Authorized transporter of casing head gas or dry gas X Date Con- Address (give address to which approved copy of this form is to be sent)                |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| * TEXACO Inc.  |   |                 |           |               |                  |          | P. O. Box 3109                   |                                       |                                 |                   |                                       |  |
| * TEXACO THE.  |   |                 |           |               |                  |          | Midland, Texas                   |                                       |                                 |                   |                                       |  |
| If gas is not being sold, give reasons and also explain its present disposition:   |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   | •                                     |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| REASON(S) FOR FILING (please check proper box)   |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| New Well New Well Change in Ownership  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Change in Transporter (check one)  Other (explain below)   |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           | 🗀 Dry G       |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Casing head gas Condensate   |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| I  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   | !                                     |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   | <b>a.</b>                             |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Remarks  | <del></del>                                 |                 |           |               |                  |          | <del></del>                      |                                       |                                 |                   |                                       |  |
| ≠ Original   | c <b>_</b> 110                              | । was :         | fil       | ed to show    | South            | ern Un   | ion C                            | as Com                                | nanv as gas transpo             | rtei              | r. and                                |  |
| * Original C-110 was filed to show Southern Union Gas Company as gas transporter, and this C-110 is a correction to show TEXACO Inc. as gas transporter. |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
|  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.                                     |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Executed this the 12th day of May, 19 61.  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| OIL CONSERVATION COMMISSION  |   |                 |           |               |                  |          |                                  |                                       |                                 |                   |                                       |  |
| Approved by  |   |                 |           |               |                  |          | Tide / Caref                     |                                       |                                 |                   |                                       |  |
| <u> </u>   |   |                 |           |               |                  |          |                                  | Assistant District Superintendent     |                                 |                   |                                       |  |
| Thie   | 100   | ! > ( >         | ~         |               |                  |          | Compan                           | . <b>y</b>                            |                                 |                   |                                       |  |
| /  | 7   | 1824<br>1871 18 | eę y ja j | A Section     |                  |          | ጥΈን                              | CACO In                               | nc.                             | •                 |                                       |  |
| Date   |   |                 |           | <del></del>   |                  |          | Address                          | B                                     |                                 | ·                 |                                       |  |
| /  |   |                 |           |               | e (S.)           |          | P.                               | O. Box                                | 352 - Midland, Te               | kas               |                                       |  |