

<div style="border: 1px solid black; padding: 2px;">NUMBER OF COPIES RECEIVED</div> <div style="border: 1px solid black; padding: 2px;">DISTRIBUTION</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%;">SANTA FE</td><td style="width:50%;"></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.G.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>PRODUCTION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table>		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL		GAS	PRODUCTION OFFICE		OPERATOR		<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</div>		<div style="border: 1px solid black; padding: 2px;">FORM C-110</div> <div style="border: 1px solid black; padding: 2px;">(Rev. 7-60)</div>
SANTA FE																				
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LAND OFFICE																				
TRANSPORTER	OIL																			
	GAS																			
PRODUCTION OFFICE																				
OPERATOR																				
Company or Operator Tennessee Gas Transmission Company		Lease USA Charles S. Loomis "A"	Well No. 2																	
Unit Letter K	Section 23	Township 20 S	Range 33 E	County Lea																
Pool Teas		Kind of Lease (State, Fed, Fee) Federal																		
If well produces oil or condensate give location of tanks		Unit Letter K	Section 23	Township 20 S	Range 33 E															
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)																		
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:																				
REASON(S) FOR FILING (please check proper box) <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>New Well <input type="checkbox"/></div><div>Change in Ownership <input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Change in Transporter (check one)</div><div>Other (explain below)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Oil <input checked="" type="checkbox"/></div><div>Dry Gas <input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Casing head gas . <input type="checkbox"/></div><div>Condensate.. <input type="checkbox"/></div></div>																				
Remarks																				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																				
Executed this the 17th day of January , 19 61 .																				
OIL CONSERVATION COMMISSION		By																		
Approved by																				
Title		A. W. Lang District Production Superintendent																		
Date		Company Tennessee Gas Transmission Company Address P. O. Box 307, Hobbs, New Mexico																		