

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
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| STATE | |
| COUNTY | |
| CITY | |
| IND. OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| PERATION OFFICE | |
| PERATOR | |

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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

| | | | | | | |
|--|----------------------|------------------------|---------------------|--|--|---------------------------|
| Company or Operator Gulf Oil Corporation | | | | Lease West Pearl Queen Unit 28 | | Well No. 88-150 |
| Unit Letter 0 | Section 28 | Township 19S | Range 35E | County Lea | | |

| | |
|----------------------------|---|
| Pool Pearl Queen | Kind of Lease (State, Fed, Fee) State |
|----------------------------|---|

| | | | | |
|--|-------------------------|----------------------|------------------------|---------------------|
| If well produces oil or condensate give location of tanks | Unit Letter K | Section 28 | Township 19S | Range 35E |
|--|-------------------------|----------------------|------------------------|---------------------|

| | |
|---|---|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipeline Corp. | Address (give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas |
|---|---|

Is Gas Actually Connected? Yes ☒ No ☐

| | | |
|--|----------------|---|
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Warren Petroleum Corp. | Date Connected | Address (give address to which approved copy of this form is to be sent) Box 1589, Tulsa, Okla. |
|--|----------------|---|

If gas is not being sold, give reasons and also explain its present disposition:

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

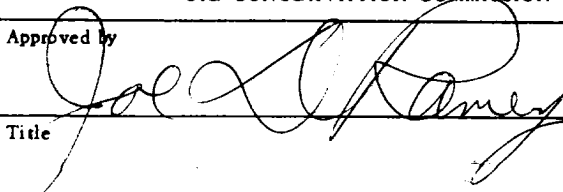
- | | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/> | |

To show change in operator, lease name and well number effective 8-1-64

| |
|--|
| Remarks Formerly Cabot Corporation's State of N.M. "QG" #5 |
|--|

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 15th day of July, 1964.

| | | |
|---|--|---|
| OIL CONSERVATION COMMISSION | | By ORIGINAL SIGNED BY C. D. BORLAND |
| Approved by  | | Title Area Production Manager |
| Title | | Company Gulf Oil Corporation |
| Date July 15, 1964 | | Address Box 670, Hobbs, N.M. |