

|                           |         |
|---------------------------|---------|
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| DISTRIBUTION              |         |
| SANTA FE                  |         |
| FILE                      |         |
| U.S.G.S.                  |         |
| LAND OFFICE               |         |
| TRANSPORTER               | OIL GAS |
| PRODUCTION OFFICE         |         |
| OPERATOR                  |         |

|                                                                                                                                                                   |                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| NEW MEXICO OIL CONSERVATION COM. SION<br>SANTA FE, NEW MEXICO<br><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br/>         TO TRANSPORT OIL AND NATURAL GAS</b> | <b>FORM C-110</b><br>(Rev. 7-60) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|                                                    |                      |                        |                     |                                       |                           |
|----------------------------------------------------|----------------------|------------------------|---------------------|---------------------------------------|---------------------------|
| Company or Operator<br><b>Gulf Oil Corporation</b> |                      |                        |                     | Lease<br><b>West Pearl Queen Unit</b> | Well No.<br><b>29-162</b> |
| Unit Letter<br><b>P</b>                            | Section<br><b>29</b> | Township<br><b>19S</b> | Range<br><b>35E</b> | County<br><b>Lea</b>                  |                           |

|                            |                                                 |
|----------------------------|-------------------------------------------------|
| Pool<br><b>Pearl Queen</b> | Kind of Lease (State, Fed, Fee)<br><b>State</b> |
|----------------------------|-------------------------------------------------|

|                                                              |                         |                      |                        |                     |
|--------------------------------------------------------------|-------------------------|----------------------|------------------------|---------------------|
| If well produces oil or condensate<br>give location of tanks | Unit Letter<br><b>I</b> | Section<br><b>29</b> | Township<br><b>19S</b> | Range<br><b>35E</b> |
|--------------------------------------------------------------|-------------------------|----------------------|------------------------|---------------------|

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

Is Gas Actually Connected? Yes ☒ No ☐

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

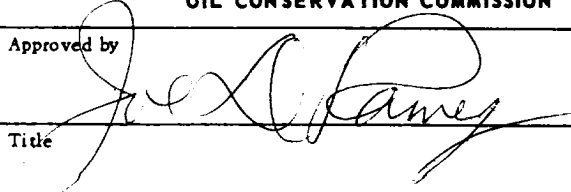
If gas is not being sold, give reasons and also explain its present disposition:

|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>REASON(S) FOR FILING (please check proper box)</b><br>New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/><br>Change in Transporter (check one) Other (explain below) ..... <input type="checkbox"/><br>Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/><br>Casing head gas . <input type="checkbox"/> Condensate . <input type="checkbox"/> |  |
| <b>To show change in operator, lease name and well number effective 8-1-64</b>                                                                                                                                                                                                                                                                                                                                 |  |

|                                                                    |
|--------------------------------------------------------------------|
| Remarks<br><b>Formerly Cactus Drilling Co.'s Gulf State "A" #2</b> |
|--------------------------------------------------------------------|

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

Executed this the 15th day of July, 19 64.

|                                                                                                                                                |                                                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OIL CONSERVATION COMMISSION<br>Approved by <br>Title<br>Date | By <b>ORIGINAL SIGNED BY</b><br><b>G. B. BERKAND</b><br>Title<br><b>Area Production Manager</b><br>Company<br><b>Gulf Oil Corporation</b><br>Address<br><b>Box 670, Hobbs, N.M.</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|