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LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COM ~~NON~~  
 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 <b>SCHLAGTER &amp; JOHNSTON</b>				Lease <b>STATE LEA 688</b>	Well No. <b>1</b>
Unit Letter <b>A</b>	Section <b>25</b>	Township <b>20</b>	Range <b>35</b>	County <b>LEA</b>	

Pool <b>EUMONT</b>	Kind of Lease (State, Fed, Fee) <b>STATE</b>				
If well produces oil or condensate give location of tanks	Unit Letter <b>A</b>	Section <b>25</b>	Township <b>20</b>	Range <b>35</b>	

Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>McWOOD CORPORATION</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 330 ABILENE TEXAS</b>
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Is Gas Actually Connected? Yes \_\_\_\_\_ No **XXXX**

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>NONE</b>	Date Connected	Address (give address to which approved copy of this form is to be sent)
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If gas is not being sold, give reasons and also explain its present disposition:

**GAS IS BEING FLARED ON THE STATE LEA 688 LEASE IN ACCORDANCE WITH THE  
 PROVISIONS OF ORDER No. AFO-352**

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

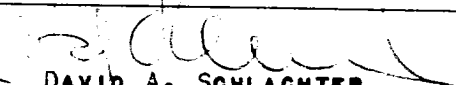
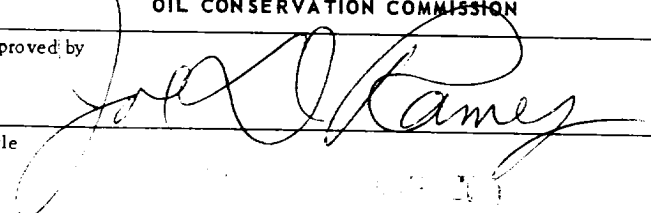
New Well ..... ☐ Change in Ownership ..... **XXX**  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate . ☐

Remarks

*For newly drilled oil & gas*

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

Executed this the **14TH** day of **MAY**, 19 **64**.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title <b>DAVID A. SCHLAGTER</b>	
Title	<b>PART OWNER</b>	
Date	Company <b>SCHLAGTER &amp; JOHNSTON</b>	
	Address <b>Box 3278 DALLAS TEXAS</b>	