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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRORATION OFFICE	
OPERATOR	

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 <b>Gulf Oil Corporation</b>				Lease <b>Lola Martin</b>		Well No. <b>2</b>	
Unit Letter <b>P</b>	Section <b>25</b>	Township <b>19S</b>	Range <b>36E</b>	County <b>Lea</b>			
Pool <b>Monument</b>				Kind of Lease (State, Fed, Fee) <b>Fee</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>P</b>	Section <b>25</b>	Township <b>19S</b>	Range <b>36E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Shell Pipeline Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1910, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Warren Petroleum Corporation</b>			Date Connected	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1509, Tulsa, Oklahoma</b>			

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"/> |                                              |

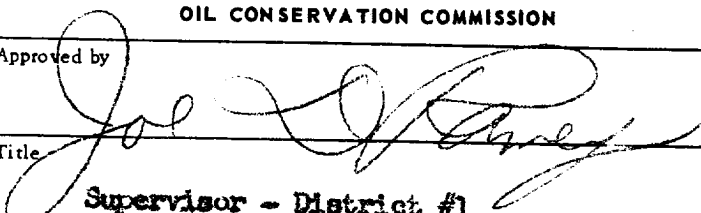
**Change oil transporter effective 12-16-64**

Remarks

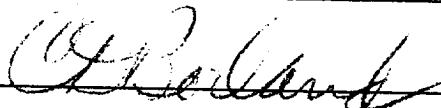
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 1st day of December, 19 64

**OIL CONSERVATION COMMISSION**

Approved by   
Title  
**Supervisor - District #1**

Date  
**12-2-64**

By   
Title  
**Area Production Manager**  
Company  
**Gulf Oil Corporation**  
Address  
**Box 670, Hobbs, N.M.**