

<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></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>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																													
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	GAS																												
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OPERATOR																													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator Continental Oil Company			Lease Reed "B"		Well No. 2																								
Unit Letter H	Section 23	Township 20S	Range 36E	County Lea																									
Pool Eumont			Kind of Lease (State, Fed, Fee) Federal																										
If well produces oil or condensate give location of tanks		Unit Letter	Section	Township	Range																								
Authorized transporter of oil <input 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>																													
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)																										
None																													
If gas is not being sold, give reasons and also explain its present disposition:																													
No gas connection has been obtained for this well.																													
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"/> Change in lease and/or well designation																													
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>																													
Remarks																													
Formerly Reed B-2324 No. 2																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																													
Executed this the 9 day of January , 19 62 .																													
OIL CONSERVATION COMMISSION			By																										
Approved by			Title District Superintendent																										
Title			Company Continental Oil Company																										
Date			Address Box 427 - Hobbs, New Mexico																										