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TRANSPORTER	OIL GAS
PRODUCTION 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>Continental Oil Company</b>				Lease <b>Reed B-2324</b>		Well No. <b>2</b>	
Unit Letter <b>H</b>	Section <b>23</b>	Township <b>20 S</b>	Range <b>36 E</b>	County <b>Lea</b>			
Pool <b>Bumont</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
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 _____ No _____							
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)				

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"/>	<b>Change in lease and/or well designation.</b>
Casing head gas . . . . . <input type="checkbox"/> Condensate . . . . . <input type="checkbox"/>	

Remarks

**Formerly Reed B-23 No. 2**

**No gas connection has been obtained for this well.**

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

Executed this the 8 day of September, 19 61.

OIL CONSERVATION COMMISSION		By
Approved by		Title
Title		<b>District Superintendent</b>
Date	Company <b>Continental Oil Company</b>	
	Address <b>Box 427, Hobbs, New Mexico</b>	