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| DISTRIBUTION              |     |
| SANTA FE                  |     |
| FILE                      |     |
| U.S.G.S.                  |     |
| LAND OFFICE               |     |
| 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<br><b>Gulf Oil Corporation</b>  |                      |                         |  | Lease<br><b>L. W. White (NCT-A)</b>                                      |                      | Well No.<br><b>2</b> |  |
| Unit Letter<br><b>I</b>   | Section<br><b>25</b> | Township<br><b>20-S</b> | Range<br><b>36-E</b>   |  | County<br><b>Lea</b> |                      |  |
| Pool<br><b>Bumont Gas</b>   |                      |                         |  | Kind of Lease (State, Fed, Fee)<br><b>Fee</b>                            |                      |                      |  |
| If well produces oil or condensate<br>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 checked="" type="checkbox"/> No <input type="checkbox"/>                    |                      |                         |  |  |                      |                      |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> |                      | Date Connected          | Address (give address to which approved copy of this form is to be sent) |  |                      |                      |  |
| <b>Northern Natural Gas Company</b>   |                      |                         | <b>P. O. Box 2376, Hobbs, New Mexico</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 ..... ☐  
 Change in Transporter (check one)  
   Oil ..... ☐ Dry Gas ..... ☐  
   Casing head gas . ☐ Condensate.. ☐

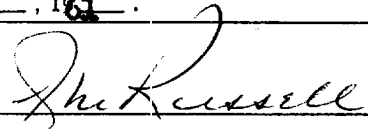
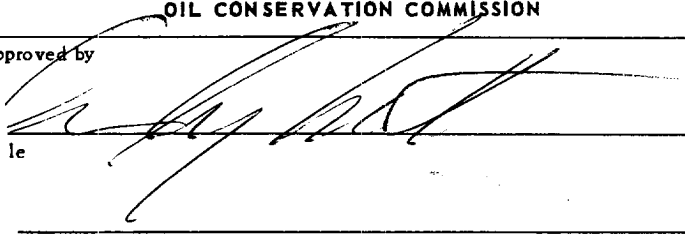
Change in Ownership ..... ☐  
 Other (explain below) ☒

**To change name of gas transporter.**

Remarks

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

Executed this the 24th day of February, 1962.

|                             |  |         |  |
|-----------------------------|--|---------|--|
| OIL CONSERVATION COMMISSION |  | By      |  |
| Approved by                 |  | Title   | <b>Area Production Manager</b>   |
| Signature                   |  | Company | <b>Gulf Oil Corporation</b>  |
|                             |  | Address | <b>P. O. Box 2167, Hobbs, New Mexico</b>   |