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	GAS
PROBATION 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>Elbert Shipp (NCT-B)</b>		Well No. <b>2</b>
Unit Letter <b>E</b>	Section <b>8</b>	Township <b>19-S</b>	Range <b>37-E</b>	County <b>Lea</b>		
Pool <b>Bumont Gas</b>				Kind of Lease (State, Fed, Fee) <b>Fee</b>		

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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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)
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Is Gas Actually Connected? Yes ☒ No ☐

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)**

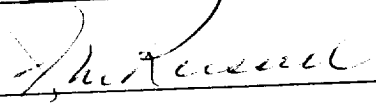
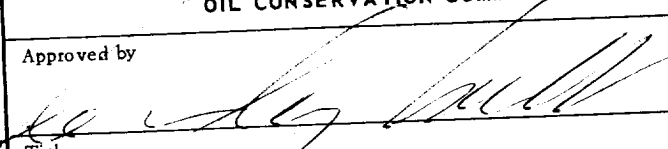
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below) <input checked="" type="checkbox"/>
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

**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, 1961

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