

| | |
|---------------------------|-----|
| NUMBER OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| 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 Gulf Oil Corporation | | | | Lease Graham State (NCT-G) | | Well No. 3 |
|--|--|--|--|--------------------------------------|--|----------------------|

| | | | | |
|-------------------------|----------------------|------------------------|---------------------|----------------------|
| Unit Letter P | Section 17 | Township 19S | Range 37E | County Lea |
|-------------------------|----------------------|------------------------|---------------------|----------------------|

| | |
|-------------------------|---|
| Pool Monument | Kind of Lease (State, Fed, Fee) State |
|-------------------------|---|

| | | | | |
|--|-------------------------|----------------------|------------------------|---------------------|
| If well produces oil or condensate give location of tanks | Unit Letter 0 | Section 17 | Township 19S | Range 37E |
|--|-------------------------|----------------------|------------------------|---------------------|

| | |
|---|---|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipeline Corporation | Address (give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas |
|---|---|

Is Gas Actually Connected? Yes ☒ No ☐

| | | |
|--|----------------|--|
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Warren Petroleum Corporation | Date Connected | Address (give address to which approved copy of this form is to be sent) P. O. Box 1569, Tulsa, Oklahoma |
|--|----------------|--|

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 12-15-64

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

Date

By

Title

Company

Address

Supervisor - District #1

Area Production Manager

Gulf Oil Corporation

Box 670, Hobbs, N.M.