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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) HOBBS OFFICE O.C.C.
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FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE **Dec 31 3 03 PM '63**

Company or Operator Southern Petroleum Exploration, Inc.				Lease Luthy State 4		Well No. 1	
Unit Letter G	Section 29	Township 19 S	Range 37 E		County Lea		
Pool Monument				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks		Unit Letter G	Section 29	Township 19 S	Range 37 E		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipe Line Corporation				Address (give address to which approved copy of this form is to be sent) Box 2648, Houston, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected 1954	Address (give address to which approved copy of this form is to be sent) Box 1589, Tulsa 2, Oklahoma				
Warren Petroleum Corporation							

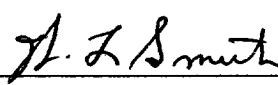
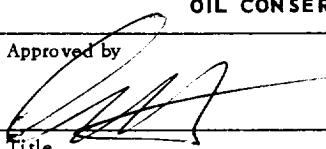
If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)	
New Well <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	Change in Ownership <input type="checkbox"/> Other (explain below) X

Remarks To show casinghead gas connection.
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The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 31st day of December, 19 63.

OIL CONSERVATION COMMISSION		By 
Approved by 	Title Agent	
Title	Company Southern Petroleum Exploration, Inc.	
Date Dec 31 1963	Address % OIL REPORTS & GAS SERVICES BOX 763 HOBBS, NEW MEXICO	

