

|                           |            |
|---------------------------|------------|
| NUMBER OF COPIES RECEIVED |            |
| DISTRIBUTION              |            |
| SANTA FE                  |            |
| FILE                      |            |
| U.S.G.S.                  |            |
| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>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<br><b>Amerada Pet. Corp.</b>  |                     |                        |  | Lease<br><b>L. M. Lambert</b>  |       | Well No.<br><b>1</b> |  |
| Unit Letter<br><b>B</b>   | Section<br><b>6</b> | Township<br><b>20S</b> | Range<br><b>37E</b>  | County<br><b>Lea</b>   |       |                      |  |
| Pool<br><b>Eumont</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</b>   |                     |                        | <b>Hobbs, New Mex.</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 Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

**Change name of Transporter**

Remarks

NAME CHANGE  
AMERADA PETROLEUM CORP.  
TO AMERADA HESS CORP.  
EFFECTIVE JULY 1, 1969.

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

Executed this the **30th** day of **January**, 19 **61**.

|                             |  |                          |  |
|-----------------------------|--|--------------------------|--|
| OIL CONSERVATION COMMISSION |  | By                       |  |
| Approved by                 |  | Title                    |  |
| Title                       |  | <b>Asst. Dist. Supt.</b> |  |
| Date                        |  | Company                  |  |
|                             |  | <b>Amerada Pet Corp</b>  |  |
|                             |  | Address                  |  |
|                             |  | <b>Monument, N.M.</b>    |  |