NUMBER OF COPIES RECEIVED			
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TRANSPORTER	OIL		
	GAS		
PRORATION OFFICE			
OPERATOR			

NEW MEXICO OIL CONSERVATION C(SSION

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	Lease	Well No.
Amerada Pet. Corp.	T. Anderson	4

Unit Letter	Section	Township	Range	County
K	6	20-S	37-E	Lea

Pool	Kind of Lease (State, Fed, Fee)
Eumont	State *Patented*

If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range

Authorized transporter of oil ☐ or condensate ☐   Address *(give address to which approved copy of this form is to be sent)*

Is Gas Actually Connected?   Yes __X__ No _____

Authorized transporter of casing head gas ☐ or dry gas ☒ | Date Connected | Address *(give address to which approved copy of this form is to be sent)*

Northern Natural Gas   **Hobbs, New Mexico**

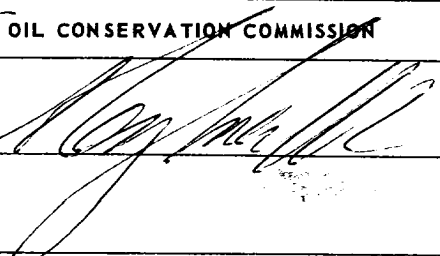If gas is not being sold, give reasons and also explain its present disposition:

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 in name of transporter**

Remarks

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 **Asst. Dist. Supt.**
Title	Company **Amerada Pet. Corp.**
Date	Address **Monument, N.M.**