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FILL	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
PRODUCTION 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>Graham State (NCT-F)</b>		Well No. <b>4</b>
Unit Letter <b>0</b>	Section <b>36</b>	Township <b>19-S</b>	Range <b>36-E</b>	County <b>Lea</b>		

Pool <b>Bumont Gas</b>	Kind of Lease (State, Fed Fee) <b>State</b>
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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**, 19 **61**.

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