

NUMBER OF COPIES REQUIRED	
SANTA FE	
FILE	
REGS	
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 **TEXACO Inc.** 1962 NOV 23 AM 9 28  
C. H. Weir "A" Well No. **8**

Unit Letter <b>F</b>	Section <b>12</b>	Township <b>20-S</b>	Range <b>37-E</b>	County <b>Lea</b>
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Pool **East Weir Blinebry** Kind of Lease (State, Fed, Fee)  
**Patented**

If well produces oil or condensate give location of tanks	Unit Letter <b>K</b>	Section <b>12</b>	Township <b>20-S</b>	Range <b>37-E</b>
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Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>*Shell Pipe Line Company</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 1910 Midland, Texas</b>
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Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Warren Petroleum Company</b>	Date Connected <b>6-2-62</b>	Address (give address to which approved copy of this form is to be sent) <b>Lovington, New Mexico</b>
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If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

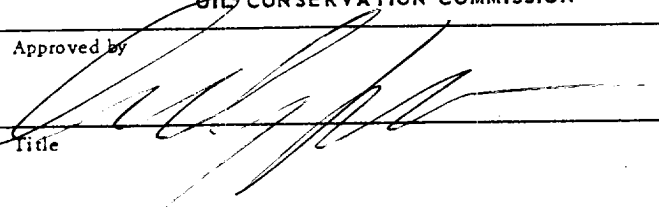

New Well ..... <input type="checkbox"/>	Change in Ownership ..... <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... <input checked="" type="checkbox"/> Dry Gas .... <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

Remarks

\*This C-110 Filed to show change in transporter from Texas-New Mexico Pipe Line Co to Shell Pipe Line Company.

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

Executed this the 29th day of November, 19 62.

Approved by  Title _____ Date _____	By  Title <b>District Accountant</b> Company <b>TEXACO Inc.</b> Address <b>P.O. Box 728 - Hobbs, New Mexico</b>