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PRORATION OFFICE		+	

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE								
OPERATOR		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator				Lease	Well No.			
Continental Oil Company					Britt B			
Unit Letter Section Township Range			37E	County				
Pool					Kind of Lease (State, Fed, Fee)			
Monument Tubb					Federal			
If well produces oil or condensate give location of tanks Unit Letter C W/2			Section 15	Township 20	Range 37			
Authorized transporter of oil	X or conde	ensate		Address (give ad	dress to which approved copy	of this form is to be sent)		
Atlantic Pipe Line Company			Box 1190, Midland, Texas					
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)								
Warren Petroleum 8-14-64 Box 67, Monument, 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 Change in Pool Designation X Casing head gas. Condensate								
Remarks								
	•							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.								
E	xecuted thi	is the 16th day of	Novem					
OIL CONSERVATION COMMISSION			Original Signed:					
Approved by					, Jamieson			
			Title					
Title Co				Assistant District Manager Company				
The transfer of the second of								
			Continental Oil Company					
Date				Address				
,	_				, Hobbs, New Me			
NMOCC-5 SW JM	Pan A	m Hobbs -3 A	ti-Ros	3-2 Call:	f Hou & Mid - I	eacn.		