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| SANTA FE                  |            |
| FILE                      |            |
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| TRANSPORTER               | OIL<br>GAS |
| PRODUCTION OFFICE         |            |
| OPERATOR                  |            |

NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|  |                      |                         |                      |  |          |                       |  |
|--|----------------------|-------------------------|----------------------|--|----------|-----------------------|--|
| Company or Operator<br><b>Continental Oil Company</b>  |                      |                         |                      | Lease<br><b>Lease A-27</b>   |          | Well No.<br><b>10</b> |  |
| Unit Letter<br><b>6</b>  | Section<br><b>27</b> | Township<br><b>23-5</b> | Range<br><b>37-2</b> | County<br><b>Los</b>   |          |                       |  |
| Pool<br><b>Tubb (Gas)</b>  |                      |                         |                      | Kind of Lease (State, Fed, Fee)<br><b>Federal</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) |          |                       |  |
| <b>Trans Pipeline Company</b>  |                      |                         |                      | <b>P.O. Box 1810, Midland, Texas</b>                                     |          |                       |  |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>                    |                      |                         |                      |  |          |                       |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> |                      |                         | Date Connected       | Address (give address to which approved copy of this form is to be sent) |          |                       |  |
| <b>El Paso Natural Gas Company</b>   |                      |                         | <b>10-13-66</b>      | <b>P.O. Box 1284, Joliet, 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 ☐ Change in Ownership ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ☐ Dry Gas ☐  
 Casing head gas ☐ Condensate ☐ **Change in Designation**

Remarks

**This well formerly designated: A. A. Leake A-27 No. 1**

**Diet: 0/4 18000 WAM 34 File**

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

Executed this the **29th** day of **September**, 19 **66**

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

Title

Company

Address

**District Superintendent**  
**COMPANY**

**MEXICO**