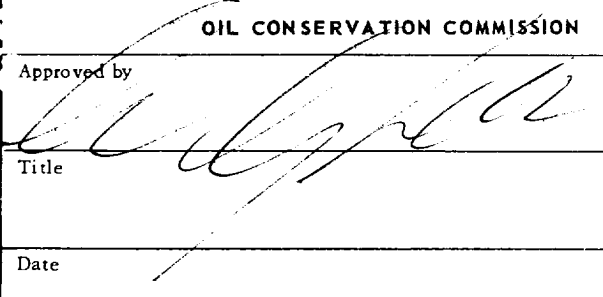


NUMBER OF COPIES RECEIVED DISTRIBUTION		W MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO			FORM C-110 (Rev. 7-60)	
SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER PRODUCTION OFFICE OPERATOR		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator Continental Oil Company		Lease Lockhart A-27		Well No. 13		
Unit Letter E	Section 27	Township 21-S	Range 37-E	County Lea		
Pool Paddock			Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks		Unit Letter E	Section 27	Township 21-S	Range 37-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> T-M Pipeline Company			Address (give address to which approved copy of this form is to be sent) P. O. Box 1510, Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Skelly Oil Company		Date Connected	Address (give address to which approved copy of this form is to be sent) P. O. Box 1191, Bernalillo, 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 <input type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> Other (explain below) Change in Designation						
Remarks This well formerly designated: A. H. Lockhart A-27 No. 1-F Dist: 0/4 NW-000 WAM SW P12						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>29th</u> day of <u>September</u> , 19 <u>61</u> .						
OIL CONSERVATION COMMISSION			By			
Approved by 			Title District Superintendent			
Title			Company			
Date			Address			