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TRANSPORTER	OIL
	NATURAL 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>TEXACO Inc.</b>				Lease <b>V. M. Henderson</b>		Well No. <b>6</b>	
Unit Letter <b>C</b>	Section <b>30</b>	Township <b>21-S</b>	Range <b>37-E</b>		County <b>Lea</b>		
Pool <b>Undesignated (Drinkard)</b>					Kind of Lease (State, Fed, Fee) <b>Patented</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>C</b>	Section <b>30</b>	Township <b>21-S</b>	Range <b>37-E</b>	
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>			
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"/> <b>*Skelly Oil Company</b>			Date Connected <b>12-22-61</b>	Address (give address to which approved copy of this form is to be sent) <b>P. O. Box 38, 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)
Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

**Remarks**

\* This C-110 filed to show casinghead gas connection.

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

Executed this the 10th day of January, 19 62.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**District Accountant**

**TEXACO Inc.**

**P. O. Box 728, Hobbs, New Mexico**