| WBLA DF COPIEL BECEIVED     CATAIBUTION     INFF FI     ILE     JI 5 6     TRANSFORTER     OIL     AA     PPORATION OFFICE     OFERATION   | NEW MEXICO OIL CONSERVATION COM. SION<br>SANTA FE, NEW MEXICO<br>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br>TO TRANSPORT OIL AND NATURAL GAS<br>FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE |             |   |   |                  |  |
|--|--|-------------|---|---|------------------|--|
| Company or Operator<br>Texaco Inc.   |  |             |   | Lease V. M. Henderson   | 2 04 Well No. 10 |  |
| Unit Letter Section<br>D 30  | Township<br>21-S   | Range<br>37 |   | County  |                  |  |
| Pool<br>Drinkard   |  |             |   | Kind of Lease (State, Fed, Fee)<br>Patented   |                  |  |
| If well produces oil or condensate<br>give location of tanks H   |  |             | Section<br>30   | Township<br>2I-S  | Range 37-E       |  |
| Authorized transporter of oil T or condensate  |  |             | Address (give address to which approved copy of this form is to be sent)<br>P.O. Box 1910<br>Midland, Texas |   |                  |  |
| Is Gas Actually Connected? Yes No  |  |             |   |   |                  |  |
| nected PeC   |  |             | P.O. B.   | es (give address to which approved copy of this form is to be sent)<br>•0. A ox 1135<br>unice, New Mexico |                  |  |
| EFFECTIVE JANUARY 31, 1977,<br>SKELLY OIL COMPANY MERGED<br>INTO GETTY OIL COMPANY.   REASON(S) FOR FILING (please check proper box)   New Well   Change in Transporter (check one)   Other (explain below)   Oil   Oil   Casing head gas   Condensate |  |             |   |   |                  |  |
|  |  |             |   |   |                  |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.   |  |             |   |   |                  |  |
| Executed this the23 day ofOctober, 1962  |  |             |   |   |                  |  |
|  | OIL CONSERVATION COMMISSION  |             |   |   |                  |  |
| Approved by  |  |             | Title   |   |                  |  |
| Cann 1   |  |             | District Accountant   |   |                  |  |
| Tiefe  |  |             | T   | exaco Inco  |                  |  |
| Date -   |  |             | Address   | P.O. Box 728 Hob  | bs, New Mexico   |  |