| NUMBER OF COPIL | E I RECEIVED | |
|-----------------|--------------|------|
| 571 | S PIBUTION | |
| SANTA FI | | |
| File | | |
| 0 \$ 6 5 | | |
| LAND OFFICE | | |
| TRANSPORTER | 01- | |
| | GA5 | |
| PICHATION CFF. | | |
| OPERATOR | | |

NEW MEXICO OIL CONSERVATIO

SANTA FE, NEW MEXICO

SION

FORM C-110

CERTIFICATE OF COMPLIANCE AND AUTHORIZ

(Rev. 7-60)

| TRANSPORTER GAS | TO TRANSPORT ON AND MATURAL CAR | | | | | |
|--|---|-----------------|------------------------|---|-----------------------------|--|
| OPERATOR | | | | | | |
| Company or Operator | TITLE THE ORIGINAL | AND 4 COPIE | i | E APPROPRIATE OFFICE Lease | | |
| Continental (| 311 Commany | | | SEMU-McKee | Well No. | |
| Unit Letter Section T | ownship | Range | l | County | 1.3 | |
| N 20 | 205 | 3 88 | | Lea | | |
| Pool Warren-McKee | | | | Kind of Lease (State, Fed, Fe Federal | ;e) | |
| If well produces oil or condensate Unit Letter | | ter | Section Township Range | | | |
| give location of tanks | | G | 29 | 20S | 38E | |
| Authorized transporter of oil X or cond | ensate | Addr | | ress to which approved copy of | of this form is to be sent) | |
| Shell Figeline Corp. | | | Hobbs, New Mexico | | | |
| 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 Fetrol | Warren Fetroloum Corp. 11-1-63 Box 1509 - Tulsa, Oklahoma | | | | | |
| If gas is not being sold, give reasons and | | s no si si en l | | | r mremu | |
| | REASON(S) FOR | FILING (plea | se check pro | ores box) | | |
| Change in Trans Oil | porter (check one) Dry Gas gas Condensate | Oth | er (explain be | ship | | |
| Remarks | | | | | | |
| NMCCC (5) SW ABS | | | | | | |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. | | | | | | |
| Executed thi | s the 22day of _ | Januar | У | <u>, 19_64.</u> | | |
| OIL CONSERVATION | COMMISSION | Ву | | | | |
| Approved by | | Title | any | tant D istri ct M nan tal Cil Comp | | |
| Date | | Addre | | 60 - Hobbs, New | | |