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TRANSPORTER	OIL
	GAS
REGISTRATION 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				Lease		Well No. 14	
Unit Letter N	Section	Township	Range	County			
Pool				Kind of Lease (State, Fed Fee)			
If well produces oil or condensate 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)			
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)			
If gas is not being sold, give reasons and also explain its present disposition:							
<p align="center">REASON(S) FOR FILING (please check proper box)</p> <p>New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/></p> <p>Change in Transporter (check one) Other (explain below)</p> <p>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></p> <p>Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/></p>							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the _____ day of _____, 19____.							
OIL CONSERVATION COMMISSION				By			
Approved by				Title			
Title				Company			
Date				Address			