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| SANTA FE | |
| FILE | |
| INDEX | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | 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 | | | | Lease | | Well No. 16 | |
| Unit Letter 0 | 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 ☒ No ☐

| | | | |
|--|--|----------------|--|
| 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:

REASON(S) FOR FILING (please check proper box)

- New Well ☐ Change in Ownership ☐
 Change in Transporter (check one) Other (explain below)
 Oil ☐ Dry Gas ☐
 Casing head gas ☐ Condensate ☐

Remarks

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

Executed this the 10 day of December, 1960.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address