

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
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 <b>TEXACO Inc.</b>				Lease <b>E. H. B. Phillips "B"</b>		Well No. <b>2</b>	
Unit Letter <b>G</b>	Section <b>10</b>	Township <b>20-S</b>	Range <b>37-E</b>	County <b>Lea</b>			
Pool <b>*Skaggs Drinkard</b>				Kind of Lease (State, Fed, Fee) <b>Patented</b>			
If well produces oil or condensate give location of tanks		Unit Letter <b>G</b>	Section <b>10</b>	Township <b>20-S</b>	Range <b>37-E</b>		
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>1509 West Wall Ave. 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>None</b>		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:

**To be connected later.**

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

New Well ..... ☐  
 Change in Transporter (check one)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

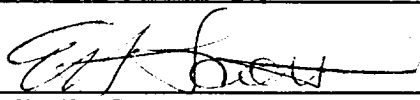
Change in Ownership ..... ☐  
 Other (explain below)

**\*Show change in Field Name  
 as per NMOCC Order No. R-  
 2781, dated November 9, 1964.**

Remarks
---------

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

Executed this the 25th day of November, 19 64.

OIL CONSERVATION COMMISSION		By
Approved by		
Title		<b>E. H. Scott District Accountant</b>
Date		<b>TEXACO Inc.</b>
		<b>P. O. Box 728 Hobbs, New Mexico</b>