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U.S.O.	
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 Gulf Oil Corporation				Lease Mollie Campbell		Well No. 2	
Unit Letter K	Section 7	Township 21-S	Range 36-E	County Los			
Pool Recent Gas				Kind of Lease (State, Fed Fee) 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 checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			
Northern Natural Gas Company				P. O. Box 2376, Hobbs, New Mexico			

If gas is not being sold, give reasons and also explain its present disposition:

ILLEGIBLE

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

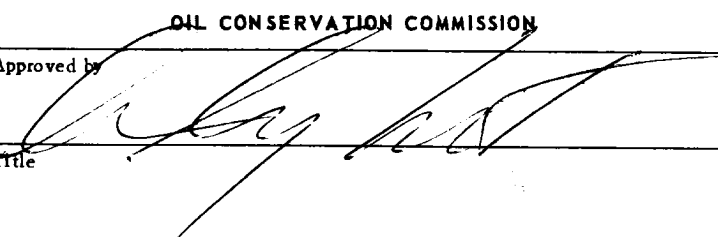
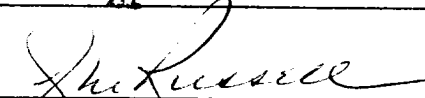
- | | |
|--|--|
| New Well <input type="checkbox"/> | Change in Ownership <input type="checkbox"/> |
| Change in Transporter (check one) | Other (explain below) x |
| Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> | |
| Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/> | |

To change name of gas transporter.

Remarks

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

Executed this the 21st day of February, 19 61.

OIL CONSERVATION COMMISSION		By	
Approved by 			
Title		Title	
		Area Production Manager	
Date		Company	
		Gulf Oil Corporation	
		Address	
		P. O. Box 2167, Hobbs, New Mexico	