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TRANSPORTER	OIL GAS
PRORATION 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 R. R. Bell (NCT-C) Com	Well No. 4
Unit Letter F	Section 15	Township 21-S	Range 36-E	County	

Pool Bumont Gas	Kind of Lease (State, Fed Fee) State
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If well produces oil or condensate give location of tanks	Unit Letter	Section	Township	Range
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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) <i>[Signature]</i>
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Is Gas Actually Connected? Yes ☒ No ☐

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) P. O. Box 2376, Hobbs, New Mexico
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If gas is not being sold, give reasons and also explain its present disposition:

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) <input checked="" type="checkbox"/>
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
ILLEGIBLE

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

Executed this the <u>24th</u> day of <u>February</u> , 19 <u>61</u> .	
OIL CONSERVATION COMMISSION Approved by <i>[Signature]</i> Title Date	By <i>[Signature]</i> Title Area Production Manager Company Gulf Oil Corporation Address P. O. Box 2167, Hobbs, New Mexico