| NUMBER OF COPIES RECEIVED DISTRIBUTION  |                          | IEW MEXIC     | o oil co                | NSERVAT                               | ION COM SION                   | FORM C-110                            |  |
|---|--------------------------|---------------|-------------------------|---------------------------------------|--------------------------------|---------------------------------------|--|
| SANTA FE  | 1                        |               | SANTA                   | E, NEW M                              | EXICO                          | (Rev. 7-60)                           |  |
| U.S.G.S.  | <b>-</b>                 |               |                         | •                                     |                                |                                       |  |
| CERTIFICATE OF COMPLIANCE AND AUTHORIZATION   |                          |               |                         |                                       |                                |                                       |  |
| TRANSPORTER GAS   | T(                       | TRANC         | PART                    | MA III                                | NATURAL GAS                    | 13 M 10 13                            |  |
| PRORATION OFFICE  | □ '`                     | ) !!\\\!\\    |                         | IL AILD                               | "TO TO THE PROPERTY OF CO.     | 13 M 10 10                            |  |
| OPERATOR  | FUE THE O                | RIGINAL AN    | ID 4 COPI               | FS WITH TH                            | E APPROPRIATE OFF              | ICE                                   |  |
| Company or Operator   |                          |               |                         | 1                                     | Lease                          | Well No.                              |  |
| Continental Cil Company   |                          |               |                         | Ē                                     | Hawk "A"                       | 4                                     |  |
| Unit Letter / Section Township  |                          |               | ange                    |                                       | County                         |                                       |  |
| 1 1/1 4   | T-2                      | T-21S         |                         | 7E                                    | Lea                            |                                       |  |
| Pool  |                          |               |                         | Kind of Lease (State, Fed, Fee)       |                                |                                       |  |
| Drinkard  |                          |               |                         |                                       | Federal                        | •                                     |  |
| If well produces oil or   | condensate               | Unit Letter   |                         | Section Township Range                |                                | Range                                 |  |
| give location of  | _                        | A             |                         | 8                                     | 21-5                           | 37 <b>-</b> E                         |  |
|   |                          |               |                         |                                       | py of this form is to be sent) |                                       |  |
| Authorized transporter of oil   | or condensate            |               |                         |                                       | .,,,                           |                                       |  |
| Texas-New Mexico Pipe Line Company Box 1510 - Midland, Texas  |                          |               |                         |                                       |                                |                                       |  |
| Is Gas Actually Connected? Yes X No   |                          |               |                         |                                       |                                |                                       |  |
| Authorized transporter of casing head gas 🗶 or dry gas Date Con- Address (give address to which approved copy of this form is to be sent) |                          |               |                         |                                       |                                |                                       |  |
| nected .  |                          |               |                         |                                       |                                |                                       |  |
| Skelly Oil Company 12-16-62 Box 1135 - Eunice, New Mexico   |                          |               |                         |                                       |                                |                                       |  |
| If gas is not being sold, give reas   | ons and also explain its | present dispo | sition:                 |                                       |                                |                                       |  |
| It gas is not being sort, give reasons and also explain its present appointum.  |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
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|   |                          |               |                         | · · · · · · · · · · · · · · · · · · · |                                |                                       |  |
|   | REASO                    | N(S) FOR FI   | ILING (ple              | ase check p                           | roper box)                     |                                       |  |
| New Well  |                          |               |                         |                                       |                                |                                       |  |
| Change in Transporter (check one)  Other (explain below)  |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
| Oil Dry Gas   |                          |               |                         |                                       |                                |                                       |  |
| Casing head gas Condensate  |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
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| D   |                          |               |                         |                                       |                                | · · · · · · · · · · · · · · · · · · · |  |
| Remarks   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
| NMOCC-5 WAM SW  | FILE                     |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
| The undersigned certifies that  | the Rules and Regula     | tions of the  | Oil Conse               | vation Comm                           | nission have been compl        | ied with.                             |  |
|   | -                        |               |                         |                                       |                                |                                       |  |
| Exec  | uted this the 17th       | _ day of      | ecamber                 | •                                     | , 19 <b>_62</b> .              |                                       |  |
| OIL CONSER  | VATION COMMISSION        |               | Ву                      |                                       |                                |                                       |  |
| Approved by   | , /                      |               |                         |                                       |                                |                                       |  |
|   |                          |               | Tit                     | Title                                 |                                |                                       |  |
|   |                          |               | District Superintendent |                                       |                                |                                       |  |
| Title   |                          |               | Co                      | Company                               |                                |                                       |  |
|   |                          |               |                         |                                       |                                |                                       |  |
|   |                          |               |                         | Contin                                | ental Oil Compar               | y                                     |  |
| Date  |                          |               |                         | Address                               |                                |                                       |  |
|   |                          |               |                         | Day Ld                                | - Eunice, New M                | lerico                                |  |
| Į .   |                          |               | ĺ                       | DO YOU                                | non n                          | -watev                                |  |