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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>Continental Oil Company</b>				Lease <b>M 9 25</b>		Well No. <b>1</b>	
Unit Letter <b>D</b>	Section <b>10</b>	Township <b>21S</b>	Range <b>37E</b>	County <b>Les</b>			
Pool <b>Here</b>				Kind of Lease (State, Fed, Fee) <b>State</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>3</b>	Section <b>10</b>	Township <b>21S</b>	Range <b>37E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Co.</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1110, 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>Skelly Oil Company</b>			Date Connected	Address (give address to which approved copy of this form is to be sent) <b>Box 1130, Eunice, New Mexico</b>			

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)
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Change in Designation
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks

**This well formerly designated State 10 No. 1-5**

**0/4 NMOCU NAM 25 File**

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

Executed this the 29th day of September, 19 61.

<b>OIL CONSERVATION COMMISSION</b>		By
Approved by		Title
Title		<b>District Superintendent</b>
Date		Address