

NUMBER OF COPIES RECEIVED		NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO				FORM C-110 (Rev. 7-60)	
DISTRIBUTION		CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
SANTA FE		FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE					
FILE		Company or Operator				Lease	
U.S.G.S.		Continental Oil Company				Mark E-3	
LAND OFFICE		Unit Letter				Well No.	
TRANSPORTER		Section				1	
OIL		Township					
GAS		Range					
PRORATION OFFICE		County				Lea	
OPERATOR		Pool				Kind of Lease (State, Fed, Fee)	
		Brunson				Federal	
If well produces oil or condensate give location of tanks		Unit Letter		Section	Township	Range	
		G		3	21S	37E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			
Shell Pipe Line Corp.				Box 1010, Midland, Texas			
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 type="checkbox"/>				Date Connected		Address (give address to which approved copy of this form is to be sent)	
Skelly Oil Co.						Box 1010, Midland, Texas	
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)							
Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>							
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>							
Change in Designation							
ILLEGIBLE							
Remarks							
This well formerly designated: M. C. Mark E-3 No. 1-E							
O/A 11/10/61							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the 29th day of September, 1961.							
OIL CONSERVATION COMMISSION				By			
Approved by				[Signature]			
Title				District Superintendent			
Date				Company			
				Address			