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	GAS
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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>Lockhart B-12</b>	Well No. <b>9</b>
Unit Letter <b>G</b>	Section <b>12</b>	Township <b>21S</b>	Range <b>37E</b>	County <b>Lea</b>	
Pool <b>Terry Blinberry</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>	
If well produces oil or condensate give location of tanks		Unit Letter <b>G</b>	Section <b>12</b>	Township <b>21S</b>	Range <b>37E</b>
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Shell Pipe Line Company</b>			Address (give address to which approved copy of this form is to be sent) <b>Box 1970, Midland, Texas</b>		

**Is Gas Actually Connected? Yes ☒ No ☐**

Authorized transporter of casing head gas <input 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 1135, Bernalillo, New Mexico</b>
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If gas is not being sold, give reasons and also explain its present disposition:

**EFFECTIVE JANUARY 31, 1977,  
 SKELLY OIL COMPANY MERGED  
 INTO GETTY OIL COMPANY.**

**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"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	<b>Change in Designation</b>

Remarks **This well formerly designated: A. M. Lockhart B-12 No. 9-TB**

**C/4 NMDCC WAM SW #11**

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

Executed this the **20th** day of **September**, **1961**.

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