

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
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 <b>Continental Oil Company</b>				Lease <b>Lockhart B-13 A</b>		Well No. <b>2</b>
Unit Letter <b>E</b>	Section <b>13</b>	Township <b>21S</b>	Range <b>37E</b>	County <b>Lea</b>		
Pool <b>Sunny Blinedry</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>J</b>	Section <b>13</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 Pipeline Co.</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>		

Is Gas Actually Connected? Yes ☒ No ☐

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 1135, El Paso, New Mexico</b>
--	--	----------------	--

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 ☐  
Change in Transporter (check one)  
Oil ☐ Dry Gas ☐  
Casing head gas ☐ Condensate ☐

Change in Ownership ☐  
Other (explain below)

Change in Designation

**ILLEGIBLE**

Remarks

**This well formerly designated: A. M. Lockhart B-13 A No. 2-TB**

**O/A NMDC WAM ON 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**

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