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	GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60)
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE	

Company or Operator <b>Gulf Oil Corporation</b>				Lease <b>Eubank</b>		Well No. <b>2</b>	
Unit Letter <b>A</b>	Section <b>22</b>	Township <b>21S</b>	Range <b>37E</b>		County <b>Don</b>		
Pool <b>Elinebry</b>					Kind of Lease (State, Fed, Fee) <b>Fee</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>B</b>	Section <b>22</b>	Township <b>21S</b>	Range <b>37E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Shell Pipeline Corporation</b>				Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 1830, 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>Warren Petroleum Corporation</b>		Date Connected	Address (give address to which approved copy of this form is to be sent)  <b>P. O. Box 1049, Tulsa, Oklahoma</b>

If gas is not being sold, give reasons and also explain its present disposition:

**REASON(S) FOR FILING (please check proper box)**

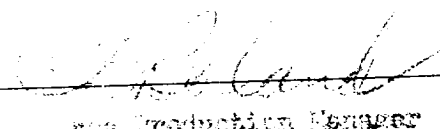
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>
Change in Transporter (check one)	
Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Casing head gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

*Change oil transporter effective 12-16-64.*

Remarks

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

Executed this the 1st day of December, 19 64

OIL CONSERVATION COMMISSION		By
Approved by	 <b>Area Production Manager</b> <b>Gulf Oil Corporation</b> <b>P. O. Box 570, Hobbs, New Mexico</b>	Title
Title		Company
Date		Address
<b>Supervisor - Hobbs</b>		

*12-2-64*