

NAME OF WELL	
DATE OF COMPLETION	
NAME OF OPERATOR	
NAME OF LANDOWNER	
NAME OF SURVEYOR	
NAME OF ENGINEER	
NAME OF GEOLOGIST	
NAME OF CHEMIST	
NAME OF PHYSICIAN	
NAME OF SURGEON	
NAME OF DENTIST	
NAME OF OPTICIAN	
NAME OF PHARMACEUTICIST	
NAME OF VETERINARIAN	
NAME OF AGRICULTURIST	
NAME OF MINING ENGINEER	
NAME OF MECHANIC	
NAME OF ELECTRICIAN	
NAME OF PLUMBER	
NAME OF CARPENTER	
NAME OF PAINTER	
NAME OF ROOFER	
NAME OF TILER	
NAME OF JOINER	
NAME OF FURNITURE MAKER	
NAME OF BLACKSMITH	
NAME OF COOPER	
NAME OF WHEELWRIGHT	
NAME OF SADDLERY	
NAME OF SHOE MAKER	
NAME OF HAT MAKER	
NAME OF JEWELLER	
NAME OF OPTICIAN	
NAME OF DENTIST	
NAME OF PHYSICIAN	
NAME OF CHEMIST	
NAME OF SURGEON	
NAME OF VETERINARIAN	
NAME OF AGRICULTURIST	
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NAME OF SADDLERY	
NAME OF SHOE MAKER	
NAME OF HAT MAKER	
NAME OF JEWELLER	

NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO	FORM C-110 (Rev. 1-60)
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE	

Company or Operator Oilfield Services, Inc.				Lease Graham State (NCT-I)	Well No. 2
Unit Letter L	Section 19	Township 21S	Range 37E	County De Baca	

Pool Paddock	Kind of Lease (State, Fed, Fee) State
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If well produces oil or condensate give location of tanks	Unit Letter M	Section 19	Township 21S	Range 37E
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Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> Oilfield Services, Inc.	Address (give address to which approved copy of this form is to be sent) Oilfield Services, Inc., P.O. Box 100, Santa Fe, N.M.
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Is Gas Actually Connected? Yes ☐ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> Oilfield Services, Inc.	Date Connected 1-1-61	Address (give address to which approved copy of this form is to be sent) Oilfield Services, Inc., P.O. Box 100, Santa Fe, N.M.
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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"/>	
Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

Remarks Commingled PIC-3 ILLEGIBLE
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The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the _____ day of _____, 19____.

OIL CONSERVATION COMMISSION	By
Approved by	Title
Title	Company
Date	Address