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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>Gulf Oil Corporation</b>				Lease <b>W. A. Ramsey (NCT-B)</b>	Well No. <b>3</b>
Unit Letter <b>A</b>	Section <b>25</b>	Township <b>21-S</b>	Range <b>36-E</b>	County <b>Lea</b>	

Pool <b>Drinkard</b>	Kind of Lease (State, Fed, Fee) <b>State</b>
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If well produces oil or condensate give location of tanks	Unit Letter <b>A</b>	Section <b>25</b>	Township <b>21-S</b>	Range <b>36-E</b>
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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)
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**Gulf Oil Corporation, Crude Oil Dept., Trucks Box 1150, Midland, Texas**

Is Gas Actually Connected? Yes ☒ No ☐

Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>	Date Connected <b>Venter</b>	Address (give address to which approved copy of this form is to be sent)
<b>None</b>		

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

**Producing into test tank - waiting to connect to tank battery**

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

New Well <input checked="" 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

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

Executed this the **31st** day of **July**, 19 **63**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

**Area Production Manager**

Company

**Gulf Oil Corporation**

Address

**Box 670, Hobbs, New Mexico**