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| SANTA FE                  |     |
| FILE                      |     |
| U.S.G.S.                  |     |
| LAND OFFICE               |     |
| TRANSPORTER               | OIL |
|                           | GAS |
| PRODUCTION 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<br><b>Gulf Oil Corporation</b>   |                     |                        |                         | Lease<br><b>Alice Paddock</b>  |                        | Well No.<br><b>4</b> |  |
| Unit Letter<br><b>G</b>  | Section<br><b>1</b> | Township<br><b>22S</b> | Range<br><b>37E</b>     | County<br><b>Lea</b>   |                        |                      |  |
| Pool<br><b>Elinebry</b>  |                     |                        |                         | Kind of Lease (State, Fed, Fee)<br><b>Fee</b>  |                        |                      |  |
| If well produces oil or condensate<br>give location of tanks   |                     |                        | Unit Letter<br><b>J</b> | Section<br><b>1</b>  | Township<br><b>22S</b> | Range<br><b>37E</b>  |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>Shell Pipeline Corporation</b>            |                     |                        |                         | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1910, 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"/><br><b>Warren Petroleum Corporation</b> |                     |                        | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 1900, 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 ..... ☐ Change in Ownership ..... ☐  
Change in Transporter (check one)  
Oil ..... ☐ Dry Gas .... ☐  
Casing head gas . ☐ Condensate.. ☐

**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**

Approved by

Title

Date

By

Title

Company

Address

**12-2-64**

**P. O. Box 670, Hobbs, New Mexico**