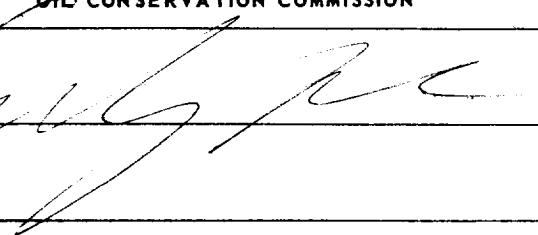


<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRODUCTION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRODUCTION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</div>		<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																													
FILE																													
U.S.G.S.																													
LAND OFFICE																													
TRANSPORTER	OIL																												
	GAS																												
PRODUCTION OFFICE																													
OPERATOR																													
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																													
Company or Operator <b>Gulf Oil Corporation</b>			Lease No. <b>34</b>		Well No. <b>3</b>																								
Unit Letter <b>F</b>	Section <b>5</b>	Township <b>22-S</b>	Range <b>37-E</b>	County <b>Lea</b>																									
Pool <b>Blindery</b>			Kind of Lease (State, Fed, Fee) <b>Fee</b>																										
If well produces oil or condensate give location of tanks		Unit Letter <b>F</b>	Section <b>5</b>	Township <b>22-S</b>	Range <b>37-E</b>																								
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) <b>Box 1596, Hobbs, New Mexico</b>																										
<b>Shell Pipeline Corporation</b>			<b>Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>																										
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected <b>6-20-62</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 1197, Hobbs, New Mexico</b>																										
<b>Marion Petroleum Corporation</b>																													
If gas is not being sold, give reasons and also explain its present disposition:																													
<div>REASON(S) FOR FILING (please check proper box)</div> <div>New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/></div> <div>Change in Transporter (check one) Other (explain below)</div> <div>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></div> <div>Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/></div>																													
Remarks																													
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																													
Executed this the <b>20th</b> day of <b>June</b> , 19 <b>62</b> .																													
OIL CONSERVATION COMMISSION			By																										
Approved by			ORIGINAL SIGNED																										
			-BY-																										
Title			<b>J. M. RUSSELL</b>																										
			Title																										
			<b>Area Production Manager</b>																										
Date			Company																										
			<b>Gulf Oil Corporation</b>																										
			Address																										
			<b>Box 2167, Hobbs, New Mexico</b>																										