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| TRANSPORTER               | OIL<br>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 <b>Gulf Oil Corporation</b>   |                      |                         |                         | Lease <b>Leaves</b>  |                         | Well No. <b>6</b>    |  |
| Unit Letter<br><b>A</b>   | Section<br><b>10</b> | Township<br><b>22-S</b> | Range<br><b>37-E</b>    |  | County <b>Lea</b>       |                      |  |
| Pool <b>Blinbry</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>H</b> | Section<br><b>10</b>   | Township<br><b>22-S</b> | Range<br><b>37-E</b> |  |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/><br><b>Gulf Refining Co.</b>          |                      |                         |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 1508, Hobbs, N. M.</b>            |                         |                      |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                      |                         |                         |  |                         |                      |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/><br><b>Northern Natural Gas Company</b> |                      |                         | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 2376, Hobbs, New Mexico</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 Transporter (check one)  
Oil ☐ Dry Gas ☐  
Casing head gas ☐ Condensate ☐

Change in Ownership ☒  
Other (explain below)

**to change name of gas transporter.**

Remarks

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

Executed this the 24th day of February, 1961.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**Area Production Manager**

**Gulf Oil Corporation**

**P. O. Box 2167, Hobbs, New Mexico**