| UMBER OF OPIES RECEIVED  |                                  |                     |                  |  |                      |                                       |  |
|--|----------------------------------|---------------------|------------------|--|----------------------|---------------------------------------|--|
| DISTRIBUTION   | I NEW M                          |                     |                  | ION COmission  | l                    | M C-110                               |  |
| ILE  | 1 1                              | SANT                | A FE, NEW M      | EXICO  | (R                   | •v. 7–60)                             |  |
| AND OFFICE   | CERTIFICATI                      | F OF COM            | PLIANCE          | AND AUTHORIZ   | ATLON                |                                       |  |
| RANSPORTER GAS   | TOTE                             | ANCPORT             | UNY IIU          | NATURAL GAS  | 3 Office o. c        | . c.                                  |  |
| NORATION OFFICE .  | 1 1 /                            |                     |                  | <b>▲</b> • • •   |                      |                                       |  |
| PERATOR  | FILE THE ORIGINA                 | AL AND 4 ÇQ         | PIES WITH TH     | E APPROPRIA  | CEL 50 AM            | Ven No.                               |  |
| Company or Operator Humble Oil & Refining Company  |                                  |                     |                  | New Mexico, State # 33   |                      |                                       |  |
| nit Letter Section Township Range  |                                  |                     |                  | County   |                      |                                       |  |
|  |                                  | R-37                | <u>-E</u>        | Lea  |                      |                                       |  |
| Pool  * Langlie Mattix   |                                  |                     | ,                | Kind of Lease (State, Fe   | State                |                                       |  |
| If well produces oil or condensate give location of tanks  Unit Letter   |                                  |                     | Section<br>29    | Township T-22-S  | Range<br>R-37:       | R-37-E                                |  |
| Authorized transporter of oil X or   |                                  |                     | Address (give ad | dress to which approved c  | opy of this form is  | to be sent)                           |  |
| nuthonized transporter of our [22]   |                                  |                     |                  |  | •                    |                                       |  |
|  |                                  |                     | D 3530           | W. 13  |                      |                                       |  |
| Texas New Mexico Pi  | pe Line Company  Is Gas Actually | v Connector         |                  | Midland, Texas   |                      |                                       |  |
|  |                                  |                     |                  | dress to which approved c  | ony of this form is  | to be sent)                           |  |
| Authorized transporter of casing head  |                                  | Date Con-<br>nected | Address (give ad | wess to mitter approved c  | opy of more joins se |                                       |  |
|  |                                  |                     | •                |  |                      | •                                     |  |
| Skelly Oil Company   |                                  |                     | Eunice. No       | ew Mexico  |                      |                                       |  |
| If gas is not being sold, give reason  | s and also explain its presen    |                     |                  |  |                      |                                       |  |
|  |                                  |                     |                  | •  |                      |                                       |  |
| •  |                                  |                     | •                |  | •                    |                                       |  |
|  |                                  |                     |                  |  |                      | ,                                     |  |
|  |                                  |                     |                  |  |                      |                                       |  |
|  | REASON(S)                        | FOR FILING          | (please check j  | proper box)  |                      | · · · · · · · · · · · · · · · · · · · |  |
|  |                                  | •                   |                  | ership   | . 🗀                  |                                       |  |
| · · · · · · · · · · · · · · · · · · ·  | Transporter (check one)          |                     | Other (explain   |  |                      | •                                     |  |
| <u>-</u>   | Dry Gas.                         |                     | , -              |  |                      |                                       |  |
|  | head gas . Condensat             | <del></del>         | * Change         | e in pool design   | ation                | •                                     |  |
|  |                                  |                     |                  |  |                      |                                       |  |
| •  | •                                |                     | •                |  |                      |                                       |  |
|  | , .                              | ,                   |                  |  |                      | •                                     |  |
|  |                                  |                     |                  |  |                      |                                       |  |
|  |                                  | ř                   |                  |  |                      |                                       |  |
| <u> </u>   |                                  |                     |                  |  | ·                    |                                       |  |
| Remarks  |                                  |                     |                  | •  |                      |                                       |  |
| * Pool design  | ation changed per                | NMOCC Or            | der No. R-       | 2556。  |                      |                                       |  |
|  |                                  |                     |                  |  |                      |                                       |  |
|  |                                  | ·**                 |                  |  |                      |                                       |  |
|  |                                  |                     |                  |  |                      |                                       |  |
|  | 1.                               |                     |                  |  |                      |                                       |  |
| The undersigned certifies that t   | he Rules and Regulations         | of the Oil Co       | onservation Con  | nmission have been con   | plied with.          |                                       |  |
|  | ted this the <u>28th</u> day     |                     | October          | 19 63  |                      |                                       |  |
|  |                                  | / UI                | Ву               | week and the state of the state |                      |                                       |  |
| and the same of th | ATION COMMISSION                 | ·                   | +                | · · · · · · · · · · · · · · · · · · ·  | ر<br>مراز مستحدده    |                                       |  |
| Approved by  |                                  |                     | Title            |  |                      |                                       |  |
|  | T.                               |                     | Ager             | nt   | <u> </u>             |                                       |  |
| Title  |                                  |                     | Company          |  |                      |                                       |  |
| <u></u>  |                                  |                     | Usant            | ole Oil & Refini   | ng Company           |                                       |  |
|  |                                  |                     |                  | TO OIL & INCILLI   | 16 Ownpany           |                                       |  |
| Date   |                                  |                     | Address          |  |                      |                                       |  |
|  |                                  |                     | Box              | 2100, Hobbs, Ne  | w Mexico             |                                       |  |
|  |                                  |                     |                  |  |                      |                                       |  |

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