

|                           |         |
|---------------------------|---------|
| NUMBER OF COPIES RECEIVED |         |
| DISTRIBUTION              |         |
| 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>Amerada Petroleum Corporation</b> |                      |                         |                      | Lease<br><b>State JC "T"</b>                          | Well No.<br><b>2</b> |
| Unit Letter<br><b>G</b>                                     | Section<br><b>16</b> | Township<br><b>23-S</b> | Range<br><b>36-E</b> | County<br><b>Lea</b>                                  |                      |
| Pool<br><b>Jalmat</b>                                       |                      |                         |                      | Kind of Lease (State, Fed, Fee)<br><b>State Lease</b> |                      |

|  |             |         |          |       |
|--|-------------|---------|----------|-------|
| If well produces oil or condensate<br>give location of tanks | Unit Letter | Section | Township | Range |
|--|-------------|---------|----------|-------|

|   |  |
|---|--|
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> | Address (give address to which approved copy of this form is to be sent) |
|---|--|

Is Gas Actually Connected? Yes ☒ No ☐

|   |                |  |
|---|----------------|--|
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> | Date Connected | Address (give address to which approved copy of this form is to be sent) |
| <b>Northern Natural Gas<br/>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)

**Change Name of Transporter**

NAME CHANGE  
AMERADA PETROLEUM CORPORATION  
10000 E. UNIVERSITY BLVD.  
DENVER, CO 80231  
1/1/1969

Remarks

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

Executed this the 31st day of January, 1961.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

Company

Address

**B. A. Nace**  
**Asst. Dist. Supt.**

**Amerada Petroleum Corporation**

**Box 706, Eunice, New Mexico**