

<div>NUMBER OF COPIES RECEIVED</div> <div>DISTRIBUTION</div> <table><tr><td>SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td></tr><tr><td>U.S.C.S.</td><td></td></tr><tr><td>LAND OFFICE</td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td></tr><tr><td></td><td>GAS</td></tr><tr><td>PRODUCTION OFFICE</td><td></td></tr><tr><td>OPERATOR</td><td></td></tr></table>		SANTA FE		FILE		U.S.C.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 HOBBS OFFICE OCC		FORM C-110 (Rev. 7-60)	
SANTA FE																					
FILE																					
U.S.C.S.																					
LAND OFFICE																					
TRANSPORTER	OIL																				
	GAS																				
PRODUCTION OFFICE																					
OPERATOR																					
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																					
Company or Operator TEXACO Inc.			1961 MAY 29 AM 5:48 A. H. Blinebry NCT-1		Well No. 13																
Unit Letter E	Section 29	Township 22-S	Range 38-E	County Lea																	
Pool Blinebry			Kind of Lease (State, Fed, Fee) Federal																		
If well produces oil or condensate give location of tanks		Unit Letter G E	Section 19-38	Township 22-S	Range 38-E																
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company			Address (give address to which approved copy of this form is to be sent) P. O. Box 1510 Midland, Texas																		
Is Gas Actually Connected? Yes _____ No _____																					
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/>		Date Con- nected 5-24-61	Address (give address to which approved copy of this form is to be sent) P. O. Box 38 Hobbs, New Mexico																		
If gas is not being sold, give reasons and also explain its present disposition:																					
REASON(S) FOR FILING (please check proper box) New Well New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>																					
Remarks																					
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																					
Executed this the 25th day of May, 1961.																					
OIL CONSERVATION COMMISSION			By																		
Approved by			Title																		
Title			Company																		
Date			Address																		