| | | | | | | | |
|----------------|--------------|--|--|--|--|--|--|
| 011 | DISTRIBUTION | | | | | | |
| SANTA FF | | | | | | | |
| FILE | | | | | | | |
| U.S.G.S. | | | | | | | |
| LAND OFFICE | | | | | | | |
| TRANSPORTER | OIL | | | | | | |
| | | | | | | | |
| PROBATION OFFI | | | | | | | |
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NEW MEXICO OIL CONSERVATION COPTSSION

SANTA FE, NEW MEXICO

FORM C-110 (Rev. 7-60)

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| <u> </u> | | FILE THE OF | RIGINAL | AND 4 C | OPIES | VITH TH | E APPROPRIATE OFFICE | | 3 , | |
|--|--------------|---------------------|----------------|--|---|-----------------|--------------------------------------|--------------|-----|--|
| Company or Operator TEXACO Inc. | | | Lease | | | | Well No. | | | |
| Unit Letter | Section | Township Range | | | A. H. Blinebry NCT-1 | | | 18 | | |
| M | 20 | 22 - S | | _ | 38-E | | | | | |
| Pool | | 22-0 | | | 30-E | | Lea. Kind of Lease (State, Fed, Fee, | , . | | |
| *Blinebry Federal | | | | | | | | | | |
| If well produces oil or condensate give location of tanks # | | | | Section 31 | Township 22-S | Range 38-E | | | | |
| Authorized transporter of oil X or condensate | | | Address | | ress to which approved copy of this form is to be sent) | | | | | |
| | | | | | | | | | | |
| Texas-New Mexico Pipe Line Company | | | P. O. Box 1510 | | | | | | | |
| Midland, Texas | | | | | | | | | | |
| Is Gas Actually Connected? Yes X No | | | | | | | | | | |
| Authorized transporter of casing head gas X or dry gas Date Con- | | | | Address (give address to which approved copy of this form is to be sent) | | | | | | |
| Skelly Oil Company nected 10-3-64 | | | 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 | | | | | | | | | | |
| Oil Dry Gas Show change in Field Name | | | | | | | | | | |
| Casing head gas . Condensate | | | | | | | MOCC Order No. R- | | | |
| | | | | | | | ted November 9, 196 | 4. | | |
| | | | | | | | | | | |
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| Remarks | | | | | · · · · · · · · · · · · · · · · · · · | , . | | | | |
| | | | | | | | | | | |
| *Battery located in the center of Unit letter N&O. | | | | | | | | | | |
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| , | | 1 | | | | • | | | | |
| | | | | | | | · | | | |
| The medical desired | | | | | | | | | | |
| ine undersigned certifie | s that the K | ules and Regulation | ons of the | e Oil Con | servatio | n Commi | ssion have been complied wi | ith. | ` | |
| | Executed t | his the 25th | day of | No | vember | | , 19 <u>64</u> . | | | |
| OIL CO | NSERVATI | ON COMMISSION | | | Ву | | | | | |
| Approved by | | | | | | 6 | 1At to me | | : | |
| <u> </u> | | | | Tial - | T2 | A MANA | | · | | |
| | • | | |] | | | Scott | • | | |
| Title | | | | | Company | | ict Accountant | | | |
| | ÷ . | | | | | | O Inc. | | | |
| | ., | | | | * | | - mile e | | | |
| Date | . 350 | | | | Address | P. O. | Box 728 | . : | | |
| • | | | | | | | New Mexico | | * | |
| | | | | • | | | | | | |