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| TRANSPORTER               | OIL GAS |
| PRORATION OFFICE          |         |
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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>Gulf Oil Corporation</b>  |                      |                         |                         | Lease<br><b>C. E. LaMunyon</b>  |                         | Well No.<br><b>9</b> |  |
| Unit Letter<br><b>D</b>   | Section<br><b>27</b> | Township<br><b>23-S</b> | Range<br><b>37-E</b>    | County<br><b>Lea</b>  |                         |                      |  |
| Pool<br><b>Teague-McKee</b>   |                      |                         |                         | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>   |                         |                      |  |
| If well produces oil or condensate<br>give location of tanks  |                      |                         | Unit Letter<br><b>B</b> | Section<br><b>28</b>  | Township<br><b>23-S</b> | Range<br><b>37-E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>Shell Pipeline Corporation</b>       |                      |                         |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 1910 Midland, Texas</b>  |                         |                      |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                      |                         |                         |   |                         |                      |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/><br><b>El Paso Natural Gas Co.</b> |                      |                         | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><b>Box 1384 Jal, 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 Ownership ..... ☐  
Change in Transporter (check one) Other (explain below)  
Oil ..... ☒ Dry Gas ..... ☐  
Casing head gas . ☐ Condensate.. ☐

**Effective 12-16-64**

Remarks

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

Executed this the **7th** day of **December**, 19**64**.

**OIL CONSERVATION COMMISSION**

Approved by

Title

Date

By

Title

Company

Address

**Area Engineer**

**Gulf Oil Corporation**

**Box 980 Kermit, Texas**