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| SANTA FE | |
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| 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 Continental Oil Company | | | | Lease Eaves B-30 | | Well No. 5 | |
| Unit Letter H | Section 30 | Township 26-S | Range 37-E | | County Lea | | |
| Pool Jalmat | | | | | Kind of Lease (State, Fed, Fee) Federal | | |
| If well produces oil or condensate give location of tanks | | | Unit Letter K | Section 30 | Township 26-S | Range 37-E | |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipe Line Corporation | | | | Address (give address to which approved copy of this form is to be sent) Box 1910, Midland, Texas | | | |
| Is Gas Actually Connected? Yes _____ No <u>X</u> | | | | | | | |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> | | | Date Connected | Address (give address to which approved copy of this form is to be sent) | | | |

If gas is not being sold, give reasons and also explain its present disposition:

No Market - Gas Vented

REASON(S) FOR FILING (please check proper box)


| | |
|------------------------------------------------------------------------------------|--------------------------------------------------------|
| New Well <input 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

Dist: 0/4 NMOCC WAM SW File

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

Executed this the **31st** day of **August**, 19**62**.

| | | |
|-----------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|
| OIL CONSERVATION COMMISSION | | By |
| Approved by |  | Title |
| Title | | District Superintendent |
| Date | | Company Continental Oil Company |
| | | Address Box 68, Eunice, New Mexico |