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| 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>Gulf Oil Corporation</b> |                     |                        |                     | Lease <b>West Dollarhide 11 : 34</b> |  | Well No.<br><b>4-4</b> |
| Unit Letter<br><b>D</b>                            | Section<br><b>4</b> | Township<br><b>25S</b> | Range<br><b>38E</b> | County<br><b>Lea</b>                 |  |                        |

|  |  |                         |                      |   |                     |  |
|--|--|-------------------------|----------------------|---|---------------------|--|
| Pool<br><b>Dollarhide Devonian</b>                           |  |                         |                      | Kind of Lease (State, Fed, Fee)<br><b>State</b> |                     |  |
| If well produces oil or condensate<br>give location of tanks |  | Unit Letter<br><b>G</b> | Section<br><b>33</b> | Township<br><b>24S</b>                          | Range<br><b>38E</b> |  |

|  |  |  |
|--|--|--|
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> | Address (give address to which approved copy of this form is to be sent) |  |
| <b>Texas-New Mexico Pipe Line Co.</b>  | <b>P. O. Box 1510, 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"/> | Date Connected | Address (give address to which approved copy of this form is to be sent) |
| <b>El Paso Natural Gas Co.</b>  |                | <b>P. O. 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)  
Oil ..... ☐ Dry Gas ..... ☐  
Casing head gas ..... ☐ Condensate ..... ☐ Other (explain below)  
**Change lease name and well number.**

Remarks

**Formerly operated as Gulf Oil Corporation Harry Leonard "G" Well No. 2.**

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

Executed this the **2** day of **July**, 19**62**.

OIL CONSERVATION COMMISSION

Approved by

Title

Date

By

Title

**Area Engineer**

Company

**Gulf Oil Corporation**

Address

**Box 980, Kermit, Texas**