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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 <b>TEXACO Inc.</b>				Lease <b>Cotton Draw Unit</b>		Well No. <b>39</b>	
Unit Letter <b>E</b>	Section <b>10</b>	Township <b>25 - S</b>	Range <b>32 - E</b>		County <b>Lea</b>		
Pool * <b>Paduca - Delaware</b>					Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks			Unit Letter <b>K</b>	Section <b>15</b>	Township <b>25 - S</b>	Range <b>32 - E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Texas - New Mexico Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent)  <b>P.O. Box 1510 - Midland, Texas</b>			
Is Gas Actually Connected? Yes _____ No _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>  <b>None</b>			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:

**25TH**

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

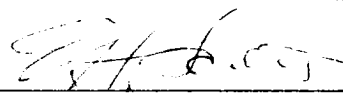
New Well ..... **New Well** .. ☒ Change in Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas ..... ☐  
 Casing head gas . ☐ Condensate.. ☐

\* **To show correct Pool designation.**

Remarks

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

Executed this the 27th day of April, 19 61.

OIL CONSERVATION COMMISSION		By
Approved by		<b>E. H. Scott</b>
Title		<b>District Accountant</b>
Date		<b>TEXACO Inc.</b>
		<b>P.O. Bx. 352 - Midland, Texas</b>