| DISTRIBUTION                         |  | NEW MEXICO OIL                         | CONSERVATI                         | ON COL SION                  | FORM C-110                  |
|--------------------------------------|--|--|------------------------------------|------------------------------|-----------------------------|
| NTAFE                                |  |  | A FE, NEW ME                       |                              | (Rev. 7-60)                 |
| E<br>.G. S.                          |  |  |                                    |                              |                             |
| OIL                                  |  |  |                                    | AND AUTHORIZAT               | IUN                         |
| ANSPORTER GAS                        |  | TO TRANSPOR                            | T OIL AND I                        | NATURAL GAS                  |                             |
| ORATION OFFICE                       |  |  |                                    |                              | I                           |
|                                      | FILE TI  | HE ORIGINAL AND 4 C                    |                                    | E APPROPRIATE OFFICE         | Well No.                    |
| ompany or Operator                   | _  |  |                                    | Léase<br>Cotton Iman Im      |                             |
| TEXACO                               |  | ······································ | <u>_</u>                           | Cotton Draw Uni              | t 17                        |
| _                                    | ction Township   | Range 22                               | <b>F</b>                           | County                       |                             |
| <u> </u>                             | 15 25  | -3 34                                  | - <u>E</u>                         | Kind of Lease (State, Fed, F | ee)                         |
| Paduca - De                          | AWATO  |  |                                    | Federal                      |                             |
|                                      |  | Unit Letter                            | Section                            | Township                     | Range                       |
| If well produces of<br>give location | on of tanks  | K                                      | 15                                 | 25-S                         | 32-E                        |
|                                      |  |  | Address (give add                  | lress to which approved copy | of this form is to be sent) |
| uthorized transporter of oil         | N or condensate  | ſ                                      |                                    |                              |                             |
| exas-New Mexic                       | o Pipe Line  | Company                                | P. O. B                            |                              |                             |
|                                      |  |  | Midland                            |                              |                             |
|                                      | ls Go  | as Actually Connecte                   |                                    | No                           |                             |
| uthorized transporter of cas         | ing head gas 🕱 or dr   | y gas Date Con-                        | Address (give add                  | tress to which approved copy | of this form is to be sent) |
|                                      |  | nected                                 | P. O. B                            | ox 410                       |                             |
| Continental Pi                       | pe Line Co.  | 12-13-61                               |                                    | , New Mexico                 |                             |
|                                      | <u>_</u>   | ain its present disposition:           |                                    | 1 110 1 100 40V              |                             |
|                                      | w Wellange in Transporter (cha<br>Oil []<br>Casing head gas . <b>[</b> ] | eck one)<br>] Dry Gas                  | Change in Owne<br>Other (explain b | ership [<br>pelow)           |                             |
|                                      |  |  |                                    |                              |                             |
| Remark s                             |  |  |                                    |                              |                             |
|                                      |  |  |                                    |                              |                             |
| The undersigned certifie             | s that the Rules and I   | Regulations of the Oil C               | onservation Com                    | mission have been complie    | ed with.                    |
|                                      | P  | 14th_day of                            | ember                              | , 1 <b>61</b>                |                             |
|                                      |  |  | By                                 |                              |                             |
| OIL CO                               | NSERVATION COMM  | ISSION                                 |                                    | 2/2 1                        |                             |
| Approved by                          |  | 1                                      | 1 >>                               | Canh                         | I.G. Blevins, J             |
| approved by                          | / //   | 12                                     | Title                              |                              |                             |
| VIAN                                 | 1 10   | <u> </u>                               | Assist                             | ant District Su              | perintendent                |
| Title                                |  | <u></u>                                | Company                            |                              |                             |
| 11110                                | / *  |  |                                    |                              |                             |
|                                      |  |  | TEXACO                             | Inc.                         |                             |
| Date                                 |  |  | Address                            |                              |                             |
|                                      |  |  |                                    | Box 728                      |                             |
| /                                    |  |  | Hobbs.                             | New Mexico                   |                             |