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| SANTA FE | |
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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 TEXACO Inc. | | | | Lease * Cotton Draw Unit | | Well No. * 17 | |
| Unit Letter G | Section 15 | Township 25 - S | Range 32 - E | County Lea | | | |
| Pool Paduca - Delaware | | | | Kind of Lease (State, Fed, Fee) Federal | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter K | Section 15 | Township 25 - S | Range 32 - E | | |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/> Texas - New Mexico Pipe Line Company | | | | Address (give address to which approved copy of this form is to be sent) P. O. Box 1510 - Midland, Texas | | | |
| Is Gas Actually Connected? Yes _____ No _____ | | | | | | | |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> None | | 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:

TSTM

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 . ☐

*** To change lease and well no. from G. E. Jordan - Federal NCT-1 Well No. 6 to
Cotton Draw Unit Well No. 17.**

Remarks

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

Executed this the 1st day of April, 1961.

| | | | | |
|-----------------------------|--|---------|--|-------------|
| OIL CONSERVATION COMMISSION | | By |  | E. H. Scott |
| Approved by | | Title | District Accountant | |
| Title | | Company | TEXACO Inc. | |
| Date | | Address | P. O. Box 352 - Midland, Texas | |