

| NUMBER OF COPIES RECEIVED  |  | DISTRIBUTION         |  | NEW MEXICO OIL CONSERVATION COMMISSION<br>SANTA FE, NEW MEXICO  |  | FORM C-110<br>(Rev. 7-60) |  |
|--|--|----------------------|--|---|--|---------------------------|--|
| SANTA FE<br>FILE<br>U.S.G.S.<br>LAND OFFICE<br>TRANSPORTER<br>PRORATION OFFICE<br>OPERATOR   |  |                      |  | <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br/>TO TRANSPORT OIL AND NATURAL GAS</b>                             |  |                           |  |
| FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE   |  |                      |  |   |  |                           |  |
| Company or Operator<br><b>TEXACO Inc.</b>  |  |                      |  | Lease<br><b>G.E. Jordan-Federal NCT-1</b>   |  | Well No.<br><b>6</b>      |  |
| Unit Letter<br><b>G</b>  |  | Section<br><b>15</b> |  | Township<br><b>25-S</b>   |  | Range<br><b>32-E</b>      |  |
| Pool<br><b>Paduca-Deleware</b>   |  |                      |  | County<br><b>Lea</b>  |  |                           |  |
| Kind of Lease (State, Fed, Fee)<br><b>Federal</b>  |  |                      |  |   |  |                           |  |
| If well produces oil or condensate<br>give location of tanks   |  |                      |  | Unit Letter<br><b>K</b>   |  | Section<br><b>15</b>      |  |
|  |  |                      |  | Township<br><b>25-S</b>   |  | Range<br><b>32-E</b>      |  |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/><br><b>Texas-New Mexico Pipe Line</b> |  |                      |  | Address (give address to which approved copy of this form is to be sent)<br><b>P.O. Box 1510<br/>Midland, Texas</b> |  |                           |  |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |                      |  |   |  |                           |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/><br><b>None</b>              |  |                      |  | Date Connected<br><b>None</b>   |  |                           |  |
| 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:<br><b>TSM</b>                                     |  |                      |  |   |  |                           |  |
| REASON(S) FOR FILING (please check proper box)   |  |                      |  |   |  |                           |  |
| New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/>   |  |                      |  |   |  |                           |  |
| Change in Transporter (check one)  |  |                      |  |   |  |                           |  |
| Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>   |  |                      |  |   |  |                           |  |
| Casing head gas <input type="checkbox"/> Condensate <input type="checkbox"/>   |  |                      |  |   |  |                           |  |
| Other (explain below)  |  |                      |  |   |  |                           |  |
| <b>To change Transporter from The Permian Corporation to Texas-New Mexico Pipe Line</b>  |  |                      |  |   |  |                           |  |
| Remarks  |  |                      |  |   |  |                           |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.               |  |                      |  |   |  |                           |  |
| Executed this the <b>22nd</b> day of <b>March</b> , 19 <b>61</b> .   |  |                      |  |   |  |                           |  |
| OIL CONSERVATION COMMISSION  |  |                      |  | By  |  |                           |  |
| Approved by  |  |                      |  | <b>E.H. Scott</b>   |  |                           |  |
| Title  |  |                      |  | <b>District Accountant</b>  |  |                           |  |
| Company  |  |                      |  | <b>TEXACO Inc.</b>  |  |                           |  |
| Address  |  |                      |  | <b>P.O. Box 352<br/>Midland, Texas</b>  |  |                           |  |
| Date   |  |                      |  |   |  |                           |  |