| NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA FE | N | IEW MEXICO OIL | | | FORM C-110 (Rev. 7-60) | |
|---|-------------|-----------------|----------------------------------|----------------------------------|---------------------------|--|
| FILE U.S.G.S. LAND OFFICE | CERTIE | | TA FE, NEW ME | | | |
| CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS | | | | | | |
| OPERATOR | FILE THE O | RIGINAL AND 4 C | OPIES WITH TH | APPROPRIATE OFFIC | E 0 23 | |
| Company or Operator TEXACO Inc. FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE Lease 1 UL 3 All 8 23 Vell No. Cotton Draw Unit 46 | | | | | 1 | |
| Unit Letter Section Township Range | | | | County | | |
| | | | ? -E | Lea | | |
| Pool *Paduca Delaware Kind of Lease (State, Fed, Fee) *Pederal | | | | | | |
| If well produces oil or condensate give location of tanks | | Unit Letter | Section 15 | Township 25-8 | Range 32-E | |
| | | | | ress to which approved copy | | |
| Texas-New Mexico Pipe Line Company | | | | P. O. Box 1510 Midland, Texas | | |
| Is Gas Actually Connected? YesNo | | | | | | |
| Authorized transporter of casing head gas or dry gas Date Connected Address (give address to which approved copy of this form is to be sent) | | | | | | |
| TSTM | | | | | | |
| 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 Transporter (check one) Other (explain below) Oil | | | | | | |
| Casing head gas Condensate | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Remarks | mand Bool D | | | | | |
| *To show correct Pool Designation. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with. | | | | | | |
| Executed this the 30th day of June , 19 61. | | | | | | |
| OIL CONSERVATION COMMISSION By A A A | | | | | | |
| Leslie M. Clements | | | Assetant District Superintendent | | | |
| Title / Contents | | | Company | | | |
| | | TEXACO Inc. | | | | |
| Date | | Address | | | | |
| | - | | P. O. B | ox 728, Hobbs | , New Mexico | |