

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
URGS	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
REGISTRATION 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 APPLICABLE OFFICE

Company or Operator <b>TEXACO Inc.</b>				Lease <b>G.L. Erwin (a)</b>		Well No. <b>1</b>
Unit Letter <b>N</b>	Section <b>35</b>	Township <b>24-S</b>	Range <b>37-E</b>	County <b>Lea</b>		
Pool <b>North Justis Tubb-Drinkard</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>		
If well produces oil or condensate give location of tanks		Unit Letter <b>N</b>	Section <b>35</b>	Township <b>24-S</b>	Range <b>37-E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>The Permian Corporation</b>				Address (give address to which approved copy of this form is to be sent) <b>1509 West Wall Midland, Texas</b>		
Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/> <b>Vented</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:  
  
**To be connected later.**



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

New Well .....	Change in Ownership ..... <input type="checkbox"/>
Change in Transporter (check one)	Other (explain below)
Oil ..... Dry Gas .... <input type="checkbox"/>	
Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>	

Remarks  
  
**To change Pool from Undesignated to North Justis Tubb-Drinkard.**

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

Executed this the 28th day of June, 1962.

OIL CONSERVATION COMMISSION.		By
Approved by		
Title		Assistant District Superintendent
Date		Company <b>TEXACO Inc.</b> Address <b>P.O. Box 728 Hobbs, New Mexico</b>