

NUMBER OF COPIES RECEIVED _____ DISTRIBUTION _____ SANTA FE _____ FILE _____ U.S.G.S. _____ LAND OFFICE _____ TRANSPORTER _____ 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) 10055 1002 NOV TITLE 000	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE						
Company or Operator TEXACO Inc.				Lease C. C. Fristoe "b" NCT-2		
Unit Letter A	Section 35	Township 24-S	Range 37-E	County Lea		
Pool: North Justis (Blinbry)				Kind of Lease (State, Fed, Fee) Federal		
If well produces oil or condensate give location of tanks		Unit Letter A	Section 35	Township 24-S	Range 37-E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> The Permian Corporation			Address (give address to which approved copy of this form is to be sent) 1509 West Wall Midland, Texas.			
Is Gas Actually Connected? Yes _____ No <input checked="" type="checkbox"/>						
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>		Date Connected	Address (give address to which approved copy of this form is to be sent)			
* None						
If gas is not being sold, give reasons and also explain its present disposition: <div style="text-align: center; padding: 20px;"> * To be connected later. </div>						
REASON(S) FOR FILING (please check proper box)						
New Well <input checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/>						
Remarks						
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.						
Executed this the <u>26</u> day of <u>November</u> , 19 <u>62</u>						
OIL CONSERVATION COMMISSION			By			
Approved by 						
Title			Title DEPT. ACCOUNTANT			
Date			Company TEXACO Inc.			
			Address P.O. Box 728, Hobbs, New Mexico			