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| SANTA FE                  |            |
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| TRANSPORTER               | OIL<br>GAS |
| PRORATION 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<br><b>Amerada Petroleum Corporation</b>  |                     |                         |                         | Lease<br><b>State NJ<sup>AN</sup></b>  |                         | Well No.<br><b>3</b> |  |
| Unit Letter<br><b>A</b>  | Section<br><b>2</b> | Township<br><b>25-S</b> | Range<br><b>37-E</b>    | County<br><b>Lea</b>   |                         |                      |  |
| Pool<br><b>North-Justis -Elinebry</b>  |                     |                         |                         | Kind of Lease (State, Fed, Fee)<br><b>State</b>  |                         |                      |  |
| If well produces oil or condensate<br>give location of tanks   |                     |                         | Unit Letter<br><b>A</b> | Section<br><b>2</b>  | Township<br><b>25-S</b> | Range<br><b>37-E</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>The Permian Corporation</b>   |                     |                         |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 311, Midland, Texas</b> |                         |                      |  |
| 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)                                   |                         |                      |  |
| If gas is not being sold, give reasons and also explain its present disposition:<br><b>Vented</b>  |                     |                         |                         |  |                         |                      |  |
| <p>REASON(S) FOR FILING (please check proper box)</p> <p>New Well ..... <input type="checkbox"/> Change in Ownership ..... <input type="checkbox"/></p> <p>Change in Transporter (check one)</p> <p>Oil ..... <input type="checkbox"/> Dry Gas ..... <input type="checkbox"/></p> <p>Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/></p> <p>Other (explain below)</p> |                     |                         |                         |  |                         |                      |  |
| Remarks<br><b>Note: Change in Pool Designation Only</b>  |                     |                         |                         |  |                         |                      |  |
| The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.   |                     |                         |                         |  |                         |                      |  |
| Executed this the _____ day of _____, 19 ____.   |                     |                         |                         |  |                         |                      |  |
| OIL CONSERVATION COMMISSION  |                     |                         |                         | By   |                         |                      |  |
| Approved by  |                     |                         |                         | Title  |                         |                      |  |
| Title  |                     |                         |                         | Company  |                         |                      |  |
| Date   |                     |                         |                         | Address  |                         |                      |  |
|  |                     |                         |                         | <b>Asst. Dist. Supt.</b>   |                         |                      |  |
|  |                     |                         |                         | <b>Amerada Petroleum Corporation</b>   |                         |                      |  |
|  |                     |                         |                         | <b>Box 706, Eunice, New Mexico</b>   |                         |                      |  |