

<div style="border: 1px solid black; padding: 2px;">NUMBER OF COPIES RECEIVED _____</div> <div style="border: 1px solid black; padding: 2px;">DISTRIBUTION</div> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2">SANTA FE</td><td></td></tr><tr><td>FILE</td><td></td><td></td></tr><tr><td>U.S.G.S.</td><td></td><td></td></tr><tr><td>LAND OFFICE</td><td></td><td></td></tr><tr><td>TRANSPORTER</td><td>OIL</td><td></td></tr><tr><td></td><td>GAS</td><td></td></tr><tr><td>PRORATION OFFICE</td><td></td><td></td></tr><tr><td>OPERATOR</td><td></td><td></td></tr></table>		SANTA FE			FILE			U.S.G.S.			LAND OFFICE			TRANSPORTER	OIL			GAS		PRORATION OFFICE			OPERATOR			<div>NEW MEXICO OIL CONSERVATION COMMISSION</div> <div>SANTA FE, NEW MEXICO</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</b></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE</div>					<div>FORM C-110</div> <div>(Rev. 7-60)</div>	
SANTA FE																																
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OPERATOR																																
Company or Operator <b>Cactus Drilling Company</b>			Lease <b>Federal-35</b>		Well No. <b>1</b>																											
Unit Letter <b>A</b>	Section <b>35</b>	Township <b>25S</b>	Range <b>37E</b>		County <b>Lea</b>																											
Pool <b>Justis</b>			Kind of Lease (State, Fed, Fee) <b>Federal</b>																													
If well produces oil or condensate give location of tanks		Unit Letter <b>A</b>	Section <b>35</b>	Township <b>25S</b>	Range <b>37E</b>																											
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>  <b>Texas-New Mexico Pipe Line Co.</b>			Address (give address to which approved copy of this form is to be sent)  <b>P.O. Box 1510, Midland, Texas</b>																													
Is Gas Actually Connected? Yes _____ No _____																																
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:																																
<b>REASON(S) FOR FILING (please check proper box)</b>																																
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 <u>29</u> day of <u>June</u> , 19 <u>66</u>																																
OIL CONSERVATION COMMISSION			By <u>Geo. W. Barker</u>																													
Approved by <u>[Signature]</u>			Title <b>Vice-President</b>																													
Title <u>[Signature]</u>			Company <b>Cactus Drilling Company</b>																													
Date _____			Address _____																													