

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">NUMBER OF COPIES RECEIVED</td></tr> <tr><td colspan="2">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td><td></td></tr> <tr><td>FILE</td><td></td></tr> <tr><td>U.S.G.S.</td><td></td></tr> <tr><td>LAND OFFICE</td><td></td></tr> <tr> <td>TRANSPORTER</td> <td>OIL GAS</td> </tr> <tr><td>PRODUCTION OFFICE</td><td></td></tr> <tr><td>OPERATOR</td><td></td></tr> </table>	NUMBER OF COPIES RECEIVED		DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL GAS	PRODUCTION OFFICE		OPERATOR		<b>NEW MEXICO OIL CONSERVATION COMMISSION</b> <b>SANTA FE, NEW MEXICO</b> <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</b> <b>TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60)
NUMBER OF COPIES RECEIVED																				
DISTRIBUTION																				
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TRANSPORTER	OIL GAS																			
PRODUCTION OFFICE																				
OPERATOR																				
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																				
Company or Operator <b>El Paso Natural Gas Company</b>		Lease <b>Rincon Unit</b>																		
		Well No. <b>166</b>																		
Unit Letter <b>K</b>	Section <b>32</b>	Township <b>27-N</b>																		
Range <b>6-W</b>		County <b>Rio Arriba</b>																		
Pool <b>Basin Dakota</b>		Kind of Lease (State, Fed, Fee) <b>State</b>																		
If well produces oil or condensate give location of tanks		Unit Letter <b>K</b>																		
		Section <b>32</b>																		
		Township <b>27-N</b>																		
		Range <b>6-W</b>																		
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)																		
<b>El Paso Natural Gas Company</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 checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)																		
<b>El Paso Natural Gas Company</b>		<b>Box 990, Farmington, New Mexico</b>																		
If gas is not being sold, give reasons and also explain its present disposition:																				
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>12</u> day of <u>November</u> , 19 <u>62</u> .																				
OIL CONSERVATION COMMISSION		By																		
Approved by		ORIGINAL SIGNED H.E. McANALLY																		
Original Signed by W. B. Smith		Title																		
DEPUTY OIL & GAS INSPECTOR DIST. NO. 3		Petroleum Engineer																		
Date		Company																		
NOV 16 1962		El Paso Natural Gas Company																		
		Address																		
		Box 990, Farmington, New Mexico																		

