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|---|--|--|----------|------|----------|-------------|-------------|-----|--|-----|-------------------|----------|--|---|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="text-align: center;">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td></tr> <tr><td>FILE</td></tr> <tr><td>U.S.G.S.</td></tr> <tr><td>LAND OFFICE</td></tr> <tr> <td>TRANSPORTER</td> <td>OIL</td> </tr> <tr> <td></td> <td>GAS</td> </tr> <tr><td>PRODUCTION OFFICE</td></tr> <tr><td>OPERATOR</td></tr> </table> | NUMBER OF COPIES RECEIVED | DISTRIBUTION | SANTA FE | FILE | U.S.G.S. | LAND OFFICE | TRANSPORTER | OIL | | GAS | PRODUCTION OFFICE | OPERATOR | <p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</p> <p>TO TRANSPORT OIL AND NATURAL GAS</p> | <p>FORM C-110</p> <p>(Rev. 7-60)</p> |
| NUMBER OF COPIES RECEIVED | | | | | | | | | | | | | | |
| DISTRIBUTION | | | | | | | | | | | | | | |
| SANTA FE | | | | | | | | | | | | | | |
| FILE | | | | | | | | | | | | | | |
| U.S.G.S. | | | | | | | | | | | | | | |
| LAND OFFICE | | | | | | | | | | | | | | |
| TRANSPORTER | OIL | | | | | | | | | | | | | |
| | GAS | | | | | | | | | | | | | |
| PRODUCTION OFFICE | | | | | | | | | | | | | | |
| OPERATOR | | | | | | | | | | | | | | |
| FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE | | | | | | | | | | | | | | |
| Company El Paso Natural Gas Company | | Lease San Juan 27-5 Unit | | | | | | | | | | | | |
| Unit Letter M | Section 9 | Well No 86 | | | | | | | | | | | | |
| Township 27-N | Range 5 | County Rio Arriba | | | | | | | | | | | | |
| Pool Basin Dakota | | Kind of Lease (State, Fed, Fee) Federal | | | | | | | | | | | | |
| If well produces oil or condensate give location of tanks | Unit Letter M | Section 9 | | | | | | | | | | | | |
| | Township 27N | Range 5 | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | |
| El Paso Natural Gas Company | | | | | | | | | | | | | | |
| 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"/> | Date Connected | Address (give address to which approved copy of this form is to be sent) | | | | | | | | | | | | |
| El Paso Natural Gas Company | | Box 990, Farmington, New Mexico | | | | | | | | | | | | |
| 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 12 day of December , 19 62 | | | | | | | | | | | | | | |
| OIL CONSERVATION COMMISSION Approved by Original Signed By A. R. KENDRICK Title PETROLEUM ENGINEER DIST. NO. 3 Date DEC 19 1962 | By ORIGINAL SIGNED H.E. McANALLY Title Petroleum Engineer Company El Paso Natural Gas Company Address Box 990, Farmington, New Mexico | | | | | | | | | | | | | |

