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| SANTA FE                  |            |
| FILE                      |            |
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| LAND OFFICE               |            |
| TRANSPORTER               | OIL<br>GAS |
| 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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|   |                      |                         |                     |  |          |                          |  |
|---|----------------------|-------------------------|---------------------|--|----------|--------------------------|--|
| Company or Operator<br><b>El Paso Natural Gas Company</b>   |                      |                         |                     | Lease<br><b>Schultz State</b>  |          | Well No.<br><b>13-16</b> |  |
| Unit Letter<br><b>G</b>   | Section<br><b>18</b> | Township<br><b>27-N</b> | Range<br><b>8-W</b> | County<br><b>San Juan</b>  |          |                          |  |
| Pool<br><b>Blanco Mesa Verde</b>  |                      |                         |                     | Kind of Lease (State, Fed. Fee) <b>State</b>                             |          |                          |  |
| If well produces oil or condensate<br>give location of tanks  |                      |                         | Unit Letter         | Section  | Township | Range                    |  |
| 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 Products Company</b>   |                      |                         |                     |  |          |                          |  |
| Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input 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) |          |                          |  |
| <b>El Paso Natural Gas Company</b>  |                      |                         | <b>11-24-59</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 type="checkbox"/>  | Change in Ownership ..... <input type="checkbox"/>        |
| Change in Transporter (check one)  | Other (explain below) <input checked="" type="checkbox"/> |
| Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/>         |   |
| Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> |   |

Remarks  
**This well was originally drilled by Frank A. Schultz as the State No. 13-16. El Paso Natural Gas Company has purchased this well with name changed to the E.P.N.G. Schultz State No. 13-16. El Paso Natural Gas Company will be the operator.**

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with

Executed this the **16** day of **December**, 19 **60**

|  |  |   |
|--|--|---|
| OIL CONSERVATION COMMISSION            |  | By  |
| Approved by                            |  | Original Signed By: <b>E.C. Arnold</b>            |
| <b>Original Signed Emery C. Arnold</b> |  | Title <b>Petroleum Engineer</b>                   |
| Title<br><b>Supervisor Dist. # 3</b>   |  | Company<br><b>El Paso Natural Gas Company</b>     |
| Date<br><b>DEC 21 1960</b>             |  | Address<br><b>Box 990, Farmington, New Mexico</b> |

|           |          |
|-----------|----------|
| NAME      | DATE     |
| AGE       | SEX      |
| HEIGHT    | WEIGHT   |
| HAIR      | EYES     |
| TEETH     | SKIN     |
| TOE NAILS | HEART    |
| FEET      | ARM      |
| LEG       | Wrist    |
| Hand      | Forearm  |
| Upper Arm | Shoulder |
| Neck      | Back     |
| Waist     | Thigh    |
| Leg       | Heel     |
| Toe       |          |

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|--|--|--|--|
|  |  |  |  |
|--|--|--|--|