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| 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

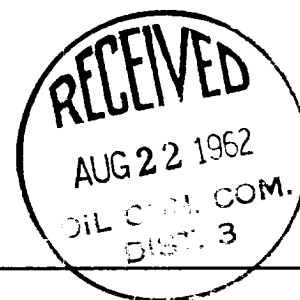
|   |                      |                         |                         |  |                           |                       |  |
|---|----------------------|-------------------------|-------------------------|--|---------------------------|-----------------------|--|
| Company or Operator<br><b>El Paso Natural Gas Company</b>   |                      |                         |                         | Lease<br><b>Lackey "B"</b>   |                           | Well No.<br><b>19</b> |  |
| Unit Letter<br><b>F</b>   | Section<br><b>20</b> | Township<br><b>28-N</b> | Range<br><b>9-W</b>     |  | County<br><b>San Juan</b> |                       |  |
| Pool<br><b>Aztec Pictured Cliffs</b>  |                      |                         |                         | Kind of Lease (State, Fed, Fee)<br><b>Federal</b>                        |                           |                       |  |
| If well produces oil or condensate<br>give location of tanks  |                      |                         | Unit Letter<br><b>F</b> | Section<br><b>20</b>   | Township<br><b>28-N</b>   | Range<br><b>9-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 Products 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"/> |                      |                         | Date Connected          | 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 ..... ☒  
 Change in Transporter (check one)  
   Oil ..... ☐ Dry Gas ..... ☐  
   Casing head gas . ☐ Condensate.. ☐

Change in Ownership ..... ☐  
 Other (explain below)



|         |
|---------|
| Remarks |
|---------|

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

Executed this the 17 day of August, 19 62.

|   |  |   |  |
|---|--|---|--|
| OIL CONSERVATION COMMISSION                           |  | By<br><b>Original Signed D. W. Meehan</b>         |  |
| Approved by<br><b>Original Signed Emery C. Arnold</b> |  | Title<br><b>Petroleum Engineer</b>                |  |
| Title<br><b>Supervisor Dist. # 3</b>                  |  | Company<br><b>El Paso Natural Gas Company</b>     |  |
| Date<br><b>AUG 22 1962</b>                            |  | Address<br><b>Box 990, Farmington, New Mexico</b> |  |