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| TRANSPORTER               | OIL GAS |
| PROBATION 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>ARTAC OIL &amp; GAS COMPANY</b>   |                      |                        |                                 | Lease<br><b>HAGOOD "G"</b>   |                        | Well No.<br><b>11</b> |  |
| Unit Letter<br><b>B</b>   | Section<br><b>34</b> | Township<br><b>29N</b> | Range<br><b>13W</b>             | County<br><b>SAN JUAN</b>  |                        |                       |  |
| Pool<br><b>TOTAL GALLUP</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>H</b>         | Section<br><b>34</b>   | Township<br><b>29N</b> | Range<br><b>13W</b>   |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/>          |                      |                        |                                 | Address (give address to which approved copy of this form is to be sent)<br><b>BOX 1588 FARMINGTON, NEW MEXICO</b> |                        |                       |  |
| <b>FOUR CORNERS PIPELINE, INC.</b>  |                      |                        |                                 | <b>Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></b>              |                        |                       |  |
| Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> |                      |                        | Date Connected<br><b>6-3-62</b> | Address (give address to which approved copy of this form is to be sent)<br><b>BOX 5426 TULSA, OKLAHOMA</b>        |                        |                       |  |
| <b>JALOU GAS CO., INC.</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 Ownership ..... ☐  
 Change in Transporter (check one) Other (explain below)  
 Oil ..... ☐ Dry Gas .... ☐  
 Casing head gas . ☒ Condensate.. ☐

Remarks

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

Executed this the **11** day of **OCTOBER**, 19 **63**

**OIL CONSERVATION COMMISSION**

Approved by

**Original Signed Emery C. Arnold**

Title

**Supervisor Dist. # 3**

Date

By

**B. H. MEANS**

Title

**DISTRICT ENGINEER**

Company

**ARTAC OIL & GAS COMPANY**

Address

**DRAWER #570, FARMINGTON, NEW MEXICO**

