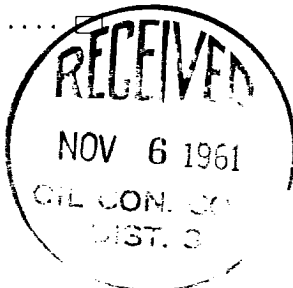


<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="font-size: small;">DISTRIBUTION</td></tr> <tr><td style="font-size: small;">SANTA FE</td></tr> <tr><td style="font-size: small;">FILE</td></tr> <tr><td style="font-size: small;">U.S.G.S.</td></tr> <tr><td style="font-size: small;">LAND OFFICE</td></tr> <tr> <td style="font-size: small;">TRANSPORTER</td> <td style="font-size: small;">OIL GAS</td> </tr> <tr><td style="font-size: small;">PRODUCTION OFFICE</td></tr> <tr><td style="font-size: small;">OPERATOR</td></tr> </table>	NUMBER OF COPIES RECEIVED	DISTRIBUTION	SANTA FE	FILE	U.S.G.S.	LAND OFFICE	TRANSPORTER	OIL 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)
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 or Operator Pan American Petroleum Corporation		Lease Navajo Tribal "E"										
Unit Letter N Section 22 Township 29-N Range 14-W		County San Juan Well No. 1										
Pool Cha Cha Gallup		Kind of Lease (State, Fed, Fee) Federal										
If well produces oil or condensate give location of tanks	Unit Letter L Section 22 Township 29-N Range 14-W											
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Four Corners Pipeline Company		Address (give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico										
Is Gas Actually Connected? Yes _____ No _____												
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Date Connected		Address (give address to which approved copy of this form is to be sent) Box 5426, Tulsa 16, Oklahoma										
Jalou Gas Company												
If gas is not being sold, give reasons and also explain its present disposition:												
REASON(S) FOR FILING (please check proper box)												
<table style="width: 100%;"> <tr> <td>New Well <input type="checkbox"/></td> <td>Change in Ownership <input type="checkbox"/></td> </tr> <tr> <td>Change in Transporter (check one)</td> <td>Other (explain below) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Casing head gas . <input checked="" type="checkbox"/> Condensate . . <input type="checkbox"/></td> <td></td> </tr> </table>			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 checked="" type="checkbox"/> Condensate . . <input type="checkbox"/>			
New Well <input type="checkbox"/>	Change in Ownership <input type="checkbox"/>											
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Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>												
Casing head gas . <input checked="" type="checkbox"/> Condensate . . <input type="checkbox"/>												
												
Remarks This is to report change of casinghead gas transporter from Knight Manufacturing and Supply Company to Jalou Gas Company.												
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.												
Executed this the <u>1st</u> day of <u>November</u> , 19 <u>61</u> .												
OIL CONSERVATION COMMISSION		By ORIGINAL SIGNED BY M. E. TURNER										
Approved by Original Signed Emery C. Arno	Title Administrative Clerk											
Title Supervisor Dist. # 3	Company Pan American Petroleum Corporation											
Date NOV 6 1961	Address Box 480, Farmington, New Mexico Attn: L. O. Speer, Jr.											