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	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 Pan American Petroleum Corporation				Lease Navajo Tribal "H"		Well No. 2	
Unit Letter A	Section 24	Township T-29N	Range R-14W	County San Juan			
Pool Totah Gallup				Kind of Lease (State, Fed, Fee) Federal			
If well produces oil or condensate give location of tanks			Unit Letter D	Section 24	Township T-29N	Range R-14W	
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 type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			

If gas is not being sold, give reasons and also explain its present disposition:
Gas is being vented.

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
This is to report change in transporter from McWood Corporation to Four Corners Pipeline Company upon completion of Four Corners Totah Gathering System.

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

Executed this the 9th day of June, 19 61.

OIL CONSERVATION COMMISSION		By ORIGINAL SIGNED BY L. R. TURNER
Approved by Original Signed Emery C. Arnold	Title Administrative Clerk	
Title Supervisor Dist. # 3	Company Pan American Petroleum Corporation	
Date JUN 12 1961	Address Box 480, Farmington, New Mexico Attn: L. O. Speer, Jr.	

STATE OF NEW MEXICO		
OIL CONSERVATION COMMISSION		
APPLICANT'S DISTRICT OFFICE		
NUMBER OF COPIES RECEIVED		
DATE OF RECEIPT		
APPLICANT'S NAME	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S ADDRESS	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S PHONE NUMBER	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S SIGNATURE	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S TITLE	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S COMPANY	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S CITY	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S STATE	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S ZIP CODE	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S COUNTRY	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S FAX NUMBER	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S E-MAIL ADDRESS	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S WEBSITE	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S SOCIAL MEDIA	DATE OF RECEIPT	DATE OF RECEIPT
APPLICANT'S OTHER CONTACT INFORMATION	DATE OF RECEIPT	DATE OF RECEIPT