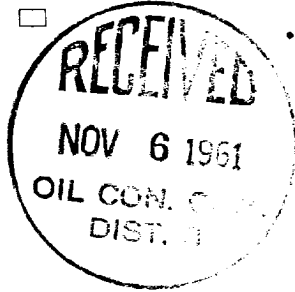


<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">NUMBER OF COPIES RECEIVED</td></tr> <tr><td style="font-size: small;">DISTRIBUTION</td></tr> <tr><td style="font-size: small;">SANTA FE</td></tr> <tr><td style="font-size: small;">FILE</td></tr> <tr><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></tr> <tr><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	<b>NEW MEXICO OIL CONSERVATION COMMISSION</b> <b>SANTA FE, NEW MEXICO</b> <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION</b> <b>TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (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: <b>Pan American Petroleum Corporation</b>		Lease: <b>Navajo Tribal G</b> Well No. <b>3</b>										
Unit Letter: <b>C</b>	Section: <b>20</b> Township: <b>29-N</b> Range: <b>14-W</b>	County: <b>San Juan</b>										
Pool: <b>Cha Cha Gallup</b>		Kind of Lease (State, Fed, Fee): <b>Federal</b>										
If well produces oil or condensate give location of tanks	Unit Letter: <b>H</b> Section: <b>20</b> Township: <b>29-N</b> Range: <b>14-W</b>											
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Four Corners Pipeline Company</b>		Address (give address to which approved copy of this form is to be sent) <b>Box 1588, Farmington, New Mexico</b>										
Is Gas Actually Connected? Yes _____ No _____												
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Jalou Gas Company</b>		Address (give address to which approved copy of this form is to be sent) <b>Box 5426, Tulsa 16, Oklahoma</b>										
If gas is not being sold, give reasons and also explain its present disposition:												
<b>REASON(S) FOR FILING (please check proper box)</b>												
<div style="display: flex; justify-content: space-between;"> <div>           New Well ..... <input type="checkbox"/>            Change in Transporter (check one)              Oil ..... <input type="checkbox"/>    Dry Gas ..... <input type="checkbox"/>              Casing head gas . <input checked="" type="checkbox"/>    Condensate . . <input type="checkbox"/> </div> <div>           Change in Ownership ..... <input type="checkbox"/>            Other (explain below)    <b>x</b> </div> </div>												
												
Remarks: <b>This is to report change of casinghead gas transporter from Knight Manufacturing and Supply Company to Jalou Gas Company.</b>												
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> .												
<b>OIL CONSERVATION COMMISSION</b>		By: <b>ORIGINAL SIGNED BY</b> <b>A. E. TURNER</b>										
Approved by: <b>Original Signed Emery C. Arnold</b>		Title: <b>Administrative Clerk</b>										
Title: <b>Supervisor Dist. # 3</b>		Company: <b>Pan American Petroleum Corporation</b>										
Date: <b>NOV 6 1961</b>		Address: <b>Bpx 480, Farmington, New Mexico</b> <b>Attn: L. O. Speer, Jr.</b>										