

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|--------------|--|----------|--|------|--|----------|--|-------------|--|-------------|--|-------------------|--|----------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td colspan="2">NUMBER OF COPIES RECEIVED</td></tr> <tr><td colspan="2">DISTRIBUTION</td></tr> <tr><td>SANTA FE</td><td></td></tr> <tr><td>FILE</td><td></td></tr> <tr><td>U.S.G.S.</td><td></td></tr> <tr><td>LAND OFFICE</td><td></td></tr> <tr><td>TRANSPORTER</td><td></td></tr> <tr><td>PRODUCTION OFFICE</td><td></td></tr> <tr><td>OPERATOR</td><td></td></tr> </table> | NUMBER OF COPIES RECEIVED |  | DISTRIBUTION |  | SANTA FE |  | FILE |  | U.S.G.S. |  | LAND OFFICE |  | TRANSPORTER |  | PRODUCTION OFFICE |  | OPERATOR |  | <p>NEW MEXICO OIL CONSERVATION COMMISSION</p> <p>SANTA FE, NEW MEXICO</p> <p><b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION<br/>TO TRANSPORT OIL AND NATURAL GAS</b></p> | <p><b>FORM C-110</b><br/>(Rev. 7-60)</p> |
| NUMBER OF COPIES RECEIVED                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| DISTRIBUTION                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| SANTA FE                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| FILE                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| U.S.G.S.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| LAND OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| TRANSPORTER                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| PRODUCTION OFFICE                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |
| OPERATOR                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |  |              |  |          |  |      |  |          |  |             |  |             |  |                   |  |          |  |                                                                                                                                                                          |                                          |

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

|                                                                                                                                                  |                      |                           |                         |                                                                                                                           |                           |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|--|
| Company or Operator<br><b>Pan American Petroleum Corporation</b>                                                                                 |                      |                           |                         | Lease<br><b>Navajo Tribal "H"</b>                                                                                         |                           | Well No.<br><b>12</b>  |  |
| Unit Letter<br><b>B</b>                                                                                                                          | Section<br><b>14</b> | Township<br><b>T-29-N</b> | Range<br><b>R-14-W</b>  | County<br><b>San Juan</b>                                                                                                 |                           |                        |  |
| Pool<br><b>Totah 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>D</b> | Section<br><b>24</b>                                                                                                      | Township<br><b>T-29-N</b> | Range<br><b>R-14-W</b> |  |
| Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/><br><b>Four Corners Pipeline Company</b> |                      |                           |                         | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. 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"/><br><b>Jalou Gas Company</b>    |                      |                           | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><b>P. O. Box 5426, Tulsa 16, Oklahoma</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 ..... <input type="checkbox"/><br>Change in Transporter (check one)<br>Oil ..... <input type="checkbox"/> Dry Gas .... <input type="checkbox"/><br>Casing head gas . <input type="checkbox"/> Condensate.. <input type="checkbox"/> | Change in Ownership ..... <input type="checkbox"/><br>Other (explain below) <input checked="" type="checkbox"/> |

**RECEIVED**

**DEC 7 1961**

**OIL CON. COM.**

**DIST. 3**

Remarks

**Form C-110 is being filed to show Jalou Gas Company as authorized transporter of casinghead gas.**

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

Executed this the 5th day of December, 19 61.

|                                                            |  |                                                                                          |  |
|------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| OIL CONSERVATION COMMISSION                                |  | By                                                                                       |  |
| Approved by<br>Original Signed By<br><b>A. K. KENDRICK</b> |  | ORIGINAL SIGNED BY<br><b>L. R. TURNER</b>                                                |  |
|                                                            |  | Title<br><b>Administrative Clerk</b>                                                     |  |
| Title<br><b>PETROLEUM ENGINEER DIST. NO. 3</b>             |  | Company<br><b>Pan American Petroleum Corporation</b>                                     |  |
| Date<br><b>DEC 7 1961</b>                                  |  | Address<br><b>P. O. Box 480, Farmington, New Mexico</b><br><b>Attn: L. O. Speer, Jr.</b> |  |

|                             |     |   |
|-----------------------------|-----|---|
| STATE OF NEW MEXICO         |     |   |
| OIL CONSERVATION COMMISSION |     |   |
| AZULIC DISTRICT OFFICE      |     |   |
| NUMBER OF COPIES RECEIVED   |     | 5 |
| DISTRICT                    |     |   |
| SANTA FE                    |     |   |
| FILE                        |     |   |
| U.S.G.S.                    |     |   |
| L.D. OFFICE                 |     |   |
| TRANSPORTER                 | OIL |   |
|                             | GAS |   |
| PRODUCTION OFFICE           |     |   |
| OPERATOR                    |     |   |

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

|                                                                                                                                                                                                      |  |                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.<br>Use "APPLICATION FOR PERMIT—" for such proposals.) |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>14-20-603-2198</b>                                                     |
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection</b>                                                              |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br><b>Navajo Tribe</b>                                                      |
| 2. NAME OF OPERATOR<br><b>PLYMOUTH AMERICAN PETROLEUM CORPORATION</b>                                                                                                                                |  | 7. UNIT AGREEMENT NAME                                                                                           |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 480, Farmington, New Mexico</b>                                                                                                                               |  | 8. FARM OR LEASE NAME<br><b>Navajo Tribal "H"</b>                                                                |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface <b>1830 PNL and 810 PNL</b>                                  |  | 9. WELL NO.<br><b>12</b>                                                                                         |
| 14. PERMIT NO.                                                                                                                                                                                       |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Totah Gallup</b>                                                            |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>KB 5214</b>                                                                                                                                     |  | 11. SEC., T., R., M., OR BLK. AND<br>SW/4 <sup>SUBSURFACE AREA</sup> <b>Section 14,</b><br><b>T-29-N, R-14-W</b> |
|                                                                                                                                                                                                      |  | 12. COUNTY OR PARISH<br><b>San Juan</b>                                                                          |
|                                                                                                                                                                                                      |  | 13. STATE<br><b>New Mexico</b>                                                                                   |

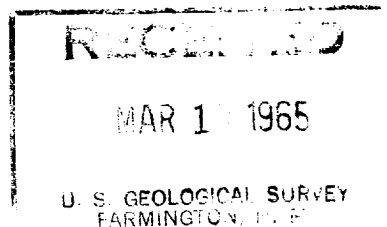
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |                                                           | SUBSEQUENT REPORT OF:                                                                                 |                                          |
|----------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/>             | WATER SHUT-OFF <input type="checkbox"/>                                                               | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>                | FRACTURE TREATMENT <input type="checkbox"/>                                                           | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>                         | SHOOTING OR ACIDIZING <input type="checkbox"/>                                                        | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input checked="" type="checkbox"/> <b>I</b> | (Other) <input type="checkbox"/>                                                                      | (Other) <input type="checkbox"/>         |
| (Other) <b>Convert to water injection</b>    |                                                           | (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) |                                          |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

In accordance with New Mexico Oil Conservation Commission Order  
PMX-14 of February 25, 1965, we propose to convert Navajo Tribal "H" Lease,  
Well No. 12 to an injection well for injecting water into the Gallup formation.

Verbally approved March 16, 1965 Dick Krahrl to F. H. Hollingsworth.



18. I hereby certify that the foregoing is a true and correct copy of the original signed by **Fred L. Nabors, District Engineer**  
SIGNED **F. H. HOLLINGSWORTH** TITLE \_\_\_\_\_ DATE **March 17, 1965**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.