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NEW MEXICO OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

FORM C-110  
(Rev. 7-60)

**CERTIFICATE OF COMPLIANCE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

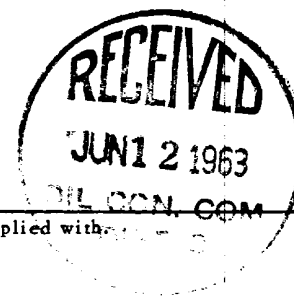
Company or Operator <b>El Paso Natural Gas Company</b>				Lease <b>Barker Dome</b>		Well No. <b>9</b>	
Unit Letter <b>F</b>	Section <b>21</b>	Township <b>32-N</b>	Range <b>14-W</b>		County <b>San Juan</b>		
Pool <b>Barker Dome</b>				Kind of Lease (State, Fed, Fee) <b>Federal (Indian)</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>Same</b>	Section	Township	Range	
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/> <b>Delhi Taylor</b> <b>Transwestern Tankers</b>				Address (give address to which approved copy of this form is to be sent) <b>916 Fairground Road - Farmington, New Mexico</b> <b>761 S. Miller - Farmington, New Mexico</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>			Date Con- nected <b>5-13-58</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</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 10 day of June, 19 63.

OIL CONSERVATION COMMISSION		By <b>OR G NAL SIGNED E. S. OBERLY</b>	
Approved by <b>Original Signed By</b> <b>A. R. KENDRICK</b>		Title <b>Petroleum Engineer</b>	
Title <b>PETROLEUM ENGINEER DIST. NO. 8</b>		Company <b>El Paso Natural Gas Company</b>	
Date <b>JUN 1 1963</b>		Address <b>Box 990, Farmington, New Mexico</b>	



**LTR**



**Job separation sheet**

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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator <b>El Paso Natural Gas Company</b>		
Address <b>Box 990, Farmington, New Mexico</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	<b>Change name from Barker Dome #9</b>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Ute</b>	Well No. <b>11</b>	Pool Name, Including Formation <b>Barker Creek Paradox</b>	Kind of Lease State, Federal or Fee <input checked="" type="checkbox"/> <b>Indian</b>
Location Unit Letter <b>F</b> ; <b>2310</b> Feet From The <b>North</b> Line and <b>2310</b> Feet From The <b>West</b>			
Line of Section <b>21</b> , Township <b>32N</b> Range <b>14W</b> , NMPM, <b>San Juan</b> County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 990, Farmington, New Mexico</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>21</b>
	Twp. <b>32N</b>	Rge. <b>14W</b>
	Is gas actually connected? <b>No</b> When	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth			P.B.T.D.				
Pool	Name of Producing Formation	Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

OR.G.NAL SIGNED E. S. OBERLY

(Signature)

Petroleum Engineer

(Title)

September 15, 1965

(Date)

OIL CONSERVATION COMMISSION

APPROVED SEP 21 1965

BY Original Signed Emery C. Arnold

TITLE Supervisor Dist. # 3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.