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| SANTA FE                  |     |
| FILE                      |     |
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| 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)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

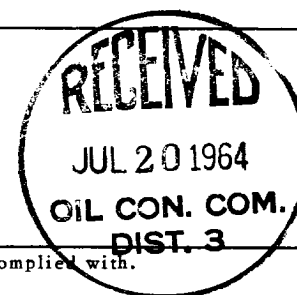
|   |                      |                        |                         |  |                        |                       |  |
|---|----------------------|------------------------|-------------------------|--|------------------------|-----------------------|--|
| Company or Operator<br><b>El Paso Natural Gas Company</b>   |                      |                        |                         | Lease<br><b>San Juan 27-5 Unit</b>   |                        | Well No.<br><b>94</b> |  |
| Unit Letter<br><b>0</b>   | Section<br><b>15</b> | Township<br><b>27N</b> | Range<br><b>5W</b>      | County<br><b>Rio Arriba</b>  |                        |                       |  |
| Pool<br><b>Tapacito Pictured Cliffs</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>0</b> | Section<br><b>15</b>   | Township<br><b>27N</b> | Range<br><b>5W</b>    |  |
| Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/><br><b>El Paso Natural Gas Company</b>          |                      |                        |                         | Address (give address to which approved copy of this form is to be sent)<br><b>Box 990, Farmington, New Mexico</b> |                        |                       |  |
| Is Gas Actually Connected? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                      |                        |                         |  |                        |                       |  |
| Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input checked="" type="checkbox"/><br><b>El Paso Natural Gas Company</b> |                      |                        | Date Connected          | Address (give address to which approved copy of this form is to be sent)<br><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 15th day of July, 19 64.

|   |  |   |  |
|---|--|---|--|
| OIL CONSERVATION COMMISSION                           |  | By<br><b>OR G NAL SIGNED F. S. OBERLY</b>         |  |
| Approved by<br><b>Original Signed Emery C. Arnold</b> |  | Title<br><b>Petroleum Engineer</b>                |  |
| Title<br><b>Supervisor Dist. # 3</b>                  |  | Company<br><b>El Paso Natural Gas Company</b>     |  |
| Date<br><b>JUL 20 1964</b>                            |  | Address<br><b>Box 990, Farmington, New Mexico</b> |  |