


<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="font-size: small;">NUMBER OF COPIES RECEIVED</td><td style="text-align: center;">6</td></tr> <tr><td style="font-size: small;">DISTRIBUTION</td><td></td></tr> <tr><td style="font-size: small;">SANTA FE</td><td></td></tr> <tr><td style="font-size: small;">FILE</td><td></td></tr> <tr><td style="font-size: small;">U.S.G.S.</td><td></td></tr> <tr><td style="font-size: small;">LAND OFFICE</td><td></td></tr> <tr> <td style="font-size: small;">TRANSPORTER</td> <td style="font-size: small;">OIL GAS</td> </tr> <tr><td style="font-size: small;">PRORATOR OFFICE</td><td></td></tr> <tr><td style="font-size: small;">OPERATOR</td><td></td></tr> </table>	NUMBER OF COPIES RECEIVED	6	DISTRIBUTION		SANTA FE		FILE		U.S.G.S.		LAND OFFICE		TRANSPORTER	OIL GAS	PRORATOR OFFICE		OPERATOR		<p>NEW MEXICO OIL CONSERVATION COMMISSION SANTA FE, NEW MEXICO</p> <p>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS</p>	<p>FORM C-110 (Rev. 7-60)</p>
NUMBER OF COPIES RECEIVED	6																			
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LAND OFFICE																				
TRANSPORTER	OIL GAS																			
PRORATOR OFFICE																				
OPERATOR																				
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE																				
Company or Operator El Paso Natural Gas Company		Lease San Juan 28-5 Unit																		
Unit Letter 0	Section 29	Township 28-N																		
Range 5-W		County Rio Arriba																		
Pool Basin Dakota		Kind of Lease (State, Fed, Fee) Federal																		
If well produces oil or condensate give location of tanks	Unit Letter 0	Section 29																		
Township 28-N		Range 5-W																		
Authorized transporter of oil <input type="checkbox"/> or condensate <input checked="" type="checkbox"/>		Address (give address to which approved copy of this form is to be sent)																		
El Paso Natural Gas Company		Box 990, Farmington, New Mexico																		
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"/>		Address (give address to which approved copy of this form is to be sent)																		
El Paso Natural Gas Company		Box 990, Farmington, New Mexico																		
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 checked="" type="checkbox"/> Change in Ownership <input type="checkbox"/> Change in Transporter (check one) Other (explain below) Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casing head gas . <input type="checkbox"/> Condensate . . <input type="checkbox"/>																				
Remarks																				
																				
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.																				
Executed this the <u>7th</u> day of <u>February</u> , 19 <u>63</u> .																				
OIL CONSERVATION COMMISSION		By																		
Approved by	Original Signed By W. B. Smith	Title ORIGINAL SIGNED E. S. OBERLY																		
Title DEPUTY OIL & GAS INSPECTOR DIST. NO. 3	Company El Paso Natural Gas Company																			
Date FEB 13 1963	Address Box 990, Farmington, New Mexico																			