NUMBER OF COPIES RECEIVED DISTRIBUTION 3ANTA FF FILE U.S.G.3. LAND OFFICE TRANSPORTER PRORATION OFFICE OIL GAS		CERTIFIC	CATE OF	SANTA COMJ			ON	
Company or Operator	· · · · · · · · · · · · · · · · · · ·	FILE THE OR	IGINAL AN	ID 4 COP	PIES WITH TH	E APPROPRIATE OFFICE Lease	Well No.	
Sivens & Reece Oil Co.				•		Saunders	2	
		ownship 178		ange	2 7 E	County Edd Y		
Pool Empire U-St					Kind of Lease (State, Fed, Fee)			
If well produces oil or condensate give location of tanks			Unit Letter Section		Section	Township 175	Range 28K	
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Address (give address to which approved copy of this form is to be sent) Ad								
Authorized transporter of casing head gas or dry gas Date Connected								
If gas is not being sold, give reasons and also explain its present disposition: RECEIVED								
No Market - Vented NOV						NOV 8 1963		
REASON(S) FOR FILING (please check proper box) D. C. C. New Well New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Oil Casing head gas								
RECEIVED								
					NOV 7, % 1963			
Remarks						ARTESIA, OFF		
Change from Continental to Permian The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.								
Executed this the day of, 19,								
OIL CONSERVATION COMMISSION By							,	
Approved by MJ Clinical Typus				4	Simms & Reese 011 Co. bookkeeper			
Title OML AND GAR INSPECTION				C	Company Simms & Reese Cil Co.			
Date NOV 8 1903				A	AZOO Booker Building Artesia, New Mexico			