NUMBER OF COPIES RECEIVED DISTRIBUTION 5 SANTA FI / FILE / U.3.0.3		CERTIFIC	CATE OF	0 OIL CONS SANTA FE COMPLI PORT OII	NEW ME	EXICO AND AU	THORIZATI	(Rev	A C-110 7.7-60)	
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE										
Company or Operator Socony Mobil Oil Company, Inc.						Lease Well No. Reed Brainard 2				
Unit Letter		• Inc. Township	Re			County	rainard		2	
P 11 18 S			Na l	Range 26 E			Eddy			
Pool Atoka Bonn. 5A							Kind of Lease (State, Fed, Fee) Fee			
If well produce	sate		Section			Range	lange			
give location of tanks			0&P			+ 18 S			<u>26 E</u>	
Authorized transporter of oil X or condensate Address (give address to which approved copy of this form is to be sent) Continental Pipe Line Company Box 367, Artesia, New Mexico										
Is Gas Actually Connected? Yes XNo										
Authorized transporter of casing head gas X or dry gas Date Con- nected Address (give address to which approved copy of this form is to be sent)										
Phillips Petroleum Company 8/1/60 Box 2105, Hobbs, New Mexico										
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) X Other (explain below) X Other (explain below) X Casing head gas . Condensate FEDEIVED Remarks Remarks Remarks										
To show destination of Casinghead Gas and complete files.										
The undersigned certifi	es that the R	ules and Regula	tions of the	Oil Conserva	tion Comm	ission have	e been complied v	with.		
	Executed th	his the14th	<u>1</u> day of	Novem	ber	, 19 <u>63</u>	••••			
	<u> </u>	ON COMMISSION		By		1 In	Alla.	/		
Approved by MLC	Inus	tour		Title Gr	oup Sun	ervisor	10102260	[
Title MIL ANN GES	NSPECTOR	.7		Comp So	eony Mo	., .,	Company, In	nc.		
Date NOV 1 9	1963			Addre Boj		Hobbs.	New Maxico			