NO. OF COPIES RECEIVED	-							
DISTRIBUTION		CONSERVATION COMMISSION	Form C-134 Supersedes Old C-104 and C-110					
FILE		Effective 1-1-65						
LAND OFFICE	AUTHORIZATION TO IR	ANSPORT OIL 7ND NATURAL	_ GAS					
IRANSPORTER - OIL								
OPERATOR		EFFECT	VE 4-1-70 Very leve division					
PRORATION OFFICE	SUNDAY DN O 18 DD -	SUN DIL COMPT MAME CI	CT CE DING					
Sunray DX 011 Con	aben a		CARANK					
	Roswell, New Mexico	a the second s	SSC Antlan Set. 15221					
Reason(s) for filing (Check proper bo.	x)	Other (Please explain)	15221					
Hew Well	Change in Transporter of: Oil Dry S							
Thur je in Ownership	Casinghead Gas Cond	ensate						
If change of ownership give name and address of previous owner								
I. DESCRIPTION OF WELL AND	LFASE							
Leave Name	Well No. Fool N	ame, Including Formation	Kind of Lease State, Federal or Fee					
Linam Hardy Unit	<u>2</u> <u>B</u>	linebry Gas	State, rederd or ree Fee					
Thit Letter <u>H</u> ; 2	310 Beat From the North L	inc and 330 Peet Fro	om The East					
Line of Section 29 , To	ownship 215 Honge	37E , NMPM,	Lea County					
I. DESIGNATION OF TRANSPOR	CTER OF OIL AND NATURAL G	Address (Give address to which ap	proved copy of this form is to be sent)					
Magnolia Pipelin	e Company	P. O. Box 900, Dalla	9, Texas proved copy of this form is to be sent)					
Northern Natural		P. 0. Box 160, Hobbs	, New Mexico					
If well produces cil or liquids,	Unit Sec. Twp. Rce.	Is gas actually connected?	When					
rive location of tanks.	H 29 21 37 ith that from any other lease or pool	No						
V. <u>COMPLETION DATA</u>		New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.					
Designate Type of Complet	ion $-(X)$	×	X					
			P.B.T.D.					
10-23-49	3-18-66 Name of Producing Formation	7872 Tep Otl/Gas Pay	5862 Tubing Depth					
Blinebry Gas	Blinebry	5536 5796, 582	5504 B Depth Casing Shoe					
5536, 5587, 5611,	5641, 5652, 5663, 5700,	, 5728, 5736, 5746, 577	0, <u>7871</u>					
	TUBING, CASING, A CASING & TUBING SIZE	ND CEMENTING RECORD	SACKS CEMENT					
HOLE SIZE	13 3/8		300					
12 1/4	9 5/8	2848	1000					
8 3/4	<u>5 1/2</u> 2 3/8	7871	500					
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total volume of load depth or be for full 24 hours)	oil and must be equal to or exceed top allow-					
OIL WELL Late First New Cil Run To Tanks	Date of Test	Froducing Method (Flow, pump, ga	us lift, etc.)					
	Tubing Pressure	Casing Pressure	Choke Size					
Length of Test	_ uomų : 1999aus							
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF					
		·						
GAS WELL		Dhin Condenanto AA/OE	Gravity of Condensate					
Actual Frod. Test-MCF/D 1710	Length of Test 24 hr	Bbls. Condensate/MMCF 40 Bbls	38.9 at 60°					
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size					
Back Pr. VI. CERTIFICATE OF COMPLIA	564#	Pkr. OIL CONSEF	Open RVATION COMMISSION					
VI. UENTIFICATE OF COMPLIA			, 19					
I hereby certify that the rules and regulations of the Oil Conservati Commission have been complied with and that the information giv above is true and complete to the best of my knowledge and belie		n v						
		n f. BY						
$\langle \cdot \rangle$		TITLE	N					
B33Brunt	B. F. Brawle	If this is a request for a	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
(Si	gnarare)	well this form must be acco	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.					
District Engi	neer		n must be filled out completely for allow-					
4-29-66	• • • • • • • • • • • • • • • • • • •	Fill out Sections I II	III. and VI only for changes of owner,					
	Date	well name or number, or trans	well name or number, or transporter, or other such change of condition					

Fill out vell name or	Section number,	s I, II, or tran	. III, sport€	and er, or	VI of other	nly suc	for ch ch cha	nge o	s of f co	owner, ndition.	
Separate	Forms										
completed we	-11s.										