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Lessination of Transporting of Oil Ann Natural Gas   Southern (Fine address to which appeared copy of this form is to be sent)		Unit Letter 0; 19	80 Feet From The East Li	ine and 660 Feet From	The South	
Notice of Authorized Crange and City   Consequence   Actions (Give address to which approved copy of this form is to be sent)   Southern Union Refining Company   Nation Authorized Transported of Consequences Use   Consequence   Consequenc		Line of Section 23 , Tov	wnship 21S Range	37E , NMPM,	Lea County	
Notice of Authorized Crange and City   Consequence   Actions (Give address to which approved copy of this form is to be sent)   Southern Union Refining Company   Nation Authorized Transported of Consequences Use   Consequence   Consequenc	<b>(I.</b> )	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	48		
Secretarian		Name of Authorized Transporter of Cil	or Condensate	Address (Give address to which appro	ved copy of this form is to be sent)	
El Paso Natural Cas Co.  It well produces of tributes, South See, Twy, Espa.  It well produces of tributes, South See, Twy, Espa.  It well produces of tributes, South See, Twy, Espa.  It was settably someoted? When See 8/20/65  If this production is commingled with that from any other lease or pool, give commingling order number?  COUPLETION DATA  Designate Type of Completion — (X)  Desi	ŀ	Name of Authorized Transporter of Cas	g Company singhead Gas [ ] or Dry Gas [ ]	Box 784, Hobbs, N.M. 88	3240	
Ave.   Control Pressure   Casing Pressure   Ca	-		•	Jal, New Mexico 88252	cod copy by this form is to be sent)	
If this production is commingled with that from any other lease or pool, give commingling order number:  COMPLETION DATA  Designate Type of Completion — (X)  Date Speaked  Date Congl. Report of Front.  Top Office Speaked  Date Congl. Report of Front.  Top Office Speaked  Date Congl. Report of Front.  Top Office Speaked  Despite Casing Shoe  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING a TUBING SIZE  DEPTH SET  SACKS CEMENT  The Standard Front of Front.  The Standard Front of Front.  Testing Record of Front.  The Standard Front of Front.  Gas WELL  Actual Prof. Continuation of the Office Office of Standard Front of Front.  The Standard Front of Standard Front of Test.  The Standard Front of Test.  The Standard Front of S		If well produces oil or liquids, give location of tanks.				
Designate Type of Completion — (X)  Designate Type of Completion —	I	f this production is commingled wit			0/20/63	
Designate Type of Completion — (A)  Date Spusded  Date Compl. Ready to Fred.  Total Depth  Pedi  Name of Producing Formation  Top Oil/Gas Pay  Toking Depth  Depth Caring Shore  TUBING, CASING, AND CEMENTING RECORD  HOLE SIZE  CASING a TUBING SIZE  DEPTH SET  SACKS CEMENT  THST DATA AND REQUEST FOR ALLOWABLE  (Test mass be after recovery of total volume of load all and mass be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Cil Hun To Totaks  Date of Test New Cil Hun To Totaks  Date of Test New Cil Hun To Totaks  Date of Test  Length of Test  Casing Pressure  Choke Size  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Casing Pressure  Choke Size  Choke Size  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  First, Sexion  Title  Die L Supu  This form is to be filed in compliance with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.  If this is a request for allowable for a newly drilled or dependence with Rule 1 104.	۷. ر آ	COMPLETION DATA	Ctl We'i Cco Well		Plug Back Same Backy Diff Backy	
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(Signature) well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	D. L. Shackelford					
Engr. Tech Spec. tests taken on the well in accordance with RULE 111.				If this is a request for allowa	able for a newly drilled or deepened	
11	Engr. Tech Spec.				ance with RULE 111.	

(Title)

2/1/79 (Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I. II. III. and VI only for changes of owner, well name or number, or transporter, or other such change of condition.