-	OBTRILUTION DATAIO		ONSCHUATION COMMISS!	Fan C-174 Supersedes O.1 C-101 and C-11;
-	CR.S. U.S.G.S. LAND OFFICE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
.	TRANSPORTER GAS OPERATOR	To beco	ome effective August 1, 1	973
1.	PROBATION OFFICE Coperation Coperation			
	P. O. Box 633, Midland		Other (Please explain)	
	Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Oil Dry Gas Casingheod Gas Condens	Change of lease no	ame due to unitization. State Well #1.
į.	If change of ownership give name Peand address of previous owner Pe	ennzoil United, Inc., P.	O. Box 1828, Midland, Te	xas 79701
11. 	DESCRIPTION OF WELL AND I	Well No. Pool Idans, Increasing to	المنافع	Lease No. Dr Fee State E-580
	North Vacuum Abo Unit Location A . 660	215 North Vacuum-A	100	
	Unit Letter A : 660 Feet From The HOTEII Line and 600 Feet From The Line of Section 17 Township 17-S Range 34-E , NMPM, Lea County			
į			C	
11.	Name of Authorized Transporter of Casingnead Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil (A) or Condensate (B) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingnead Gas (A) or Dry Gas (C) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingnead Gas (A) or Dry Gas (C) Address (Give address to which approved copy of this form is to be sent)			
	Phillips Pet. Co. Room B-2 Phillips Bldg., Odessa, TX When			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. P.ge. A 26 17S 34E	Yes	
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,		Plug Back Same Res'v. Diff. Res'v.
IV.	Designate Type of Completio	Oil Well Gas Well Date Compl. Ready to Prod.	Naw Well Workover Deepen Total Dapth	P.B.T.D.
	Date Spudded		Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top On/Ods Pd/	Depth Casing Shoe
	Perforations			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
				and week he are all to gravesed top allow
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load all and must be equal to ar exceed top allowable for this depth or be for full 24 hours) OII. WELL Producing Method (Flow, pump, gas lift, etc.)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (From, pump, gas till	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bhis.	Water - Bbls.	,
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Ehut-in)	Choke Size
VI.	I. CERTIFICATE OF COMPLIANCE		OIL CONSERY	LION COMBILESION
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		II Toje	D. Ramey
			BYDist	L. Sopv.

This form is to be filed in compliance with RULE 1104. Christine O. Jecker

(Signajue)

Frankline (Title:

7-25-73 If this is a request for sllowable for a newly drilled or deepened well, this form must be accompensed by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this fend must be filled out completely for allowable or new and recompleted wells.

(Dare

TITLE .

Fill out only Sections I. II. III. and VI for manger of owner, well a the or number, or transporter, or other such a tage of condition. program Forms C-104 must be filled for each part in melectly of the reflect