NO. OF COPIES RECEIVED

DISTRIBUTION

SANTA FE

FILE

U.S.G.S.

LAND OFFICE

TRANSPORTER OIL / GAS

OPERATOR

PRODUCTION OFFICE

Form C-104
Supersedes Old C-104 and C-116
Effective 1-1-65

I. Operator: Phillips Petroleum Co.

Address: 4001 Penbrook St., Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change in Ownership

Other (Please explain): Order No. 3871 Change of Operator because of Unitization. Lease Name: Phillips - Santa Fe # 33

If change of ownership give name and address of previous owner: Phillips Petroleum Co., 4001 Penbrook St., Odessa, Texas 79762

II. DESCRIPTION OF WELL AND LEASE

Lease Name: East Vacuum Grayburg San Andres Unit Tract No. 0546 033

Kind of Lease: State, Federal or Fee B-2073

Location: Unit Letter A, 660 Feet From The East Line and 660 Feet From The North Line

Line of Section 5, Township 18S, Range 35E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil: Texas-New Mexico Pipeline Co. Address: (Give address to which approved copy of this form is to be sent) Box 2528, Hobbs, N.M. 88240

Name of Authorized Transporter of Casinghead Gas or Dry Gas: Phillips Petroleum Co. Address: (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762

If well produces oil or liquids, give location of tanks: Unit B Sec. 5 Twp. 18S Rge. 35E Is gas actually connected? When: 12-1-78

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion: Oil Well / Gas Well / New Well / Workover / Deepen / Plug Back / Same Reserv. / Diff. Reserv.
Date Spudded / Date Compl. Ready to Prod. / Total Depth / P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) / Name of Producing Formation / Top Oil/Gas Pay / Tubing Depth
Perforations / Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for a full 24 hours)

OIL WELL

Date First New Oil Run To Tanks / Date of Test / Producing Method (Flow, pump, gas lift, etc.)

Length of Test / Tubing Pressure / Casing Pressure / Choke Size

Actual Prod. During Test / Oil-Bbls. / Water-Bbls. / Gas-MCF

GAS WELL

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 (Shut-in) / Choke Size

VI. 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.

PRODUCTION SUPERVISOR

12-12-78

OIL CONSERVATION COMMISSION

APPROVED: DEC 19 1978, 19

Orig. Signed by Jerry Sexton

BY

Dist 1, Supv.

TITLE

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

If this is a request for allowable for a newly drilled or deepened well, it must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

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

Separate Forms C-104 must be filed for each pool in multiple completions.