I.	NO. OF COPIES RECEIVED       Image: Section of the secti			
	Phillips Petroleum Company			
	Phillips Buildi	ng - Odessa, Texas		
	Reason(s) for filing (Check proper box)         :lew Well         :kecompletion         Change in Ownership	Change ir. Transporter of: Ci. Dry Gas Casinghead Gas Condens	R-3180; R-3	Effective 2-1-67 0181
	If change of ownership give name and address of previous owner	Phillips Petroleum Co - S	Santa Fe No. 59	
П.	DESCRIPTION OF WELL AND I	LEASE	Luding Dangetion	Kind of Lease
	Lease Name Vacuum Abo Unit, Tr		e, Including Formation <b>uum Abo Reef</b>	State, Federal or Fee State
	Location. 2	3/3	148 2391	
	Unit Letter <b>7</b> ; <b>23</b>	10_Feet From The Line	and Feet F	rom The <b>Mest</b>
	Line of Section 5 , Tow	nship <b>18S</b> Range <b>3</b>	5E , NMPM,	Lea County
III.	Texas-New Mexico Pipe Line Company           Name of Authorized Transporter of Casinghead Gas r or Dry Gas         Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) <b>Box 1510 - Midland, Texas</b> Address (Give address to which approved copy of this form is to be sent) <b>Phillips Building - Odesse, Texas</b> Is gas actually connected? When	
	If well produces oil or liquids, aive location of tanks.	Unit Sec. Twp. Rge. M 5 18S 35E	Is gas actually connected?	, men
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool, g	give commingling order number:	
	Designate Type of Completio	en nom		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
				Depth Casing Shoe
	Perforations			
	HOLE SIZE	TUBING, CASING, AND 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 able for this depth or be for full 24 hours) OIL WELL [Interview New Off Burn To Tanks ] [Date of Test] [Producing Method (Flow, pump, gas lift, etc.)]				
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, g	gas lift, etc.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oi!-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	Casing Pressure	Choke Size
VI	CERTIFICATE OF COMPLIANCE		OIL CONSE	RVATION COMMISSION
	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.		APPROVED, 19	
			BY	
			This form is to be filed in compliance with RULE 1104.	
	(Signature)		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation	
	Region Office Sup	uture)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.	
	(T	itle)		
January 30, 1967 (Date)			<ul> <li>Fill out Sections 1, 11, 111, and VI only for blange of condition.</li> <li>well name or number, or transporter, or other such change of condition.</li> <li>Separate Forms C-104 must be filed for each pool in multiply</li> <li>i completed wells.</li> </ul>	