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DISTRIBUTIO			
SANTA FE			
FILE			
U.S.G. S .			
LAND OFFICE			
TRANSPORTER	OIL	Ĭ.	
	GAS		
OPET/TOR			
BUOL TION OFFICE		1	T

NEW MEXICO OIL CONSERVATION COM ON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-1.

	FILE		AND	Effective 1-1-6	5		
	U.S.G.S.	AUTHORIZATION TO TRA	INSPORT OIL AND NATUI	RAL GAS			
	TRANSPORTER OIL						
	OPEL / TOR						
ı.	PROPATION OFFICE						
	Operator Phillips Potroloum Company						
	Phillips Petroleum Company Address						
	4001 Penbrook St., Odessa, Texas 79762						
	Reason(s) for filing (Check proper box)	Change in Transporter of:	Other (Please explain	3)			
	Recompletion	Cil Dry Ga	e C				
	Change in Ownership	Casinghead Gas Conden	Relocati	on of tank battery			
	If change of ownership give name and address of previous owner						
П.	Lease Name East Vacuum G/S		ormation Kind o	f Lease	Lease No.		
	Unit, Tract No. 0434	001 Vacuum G/	/SA State,	RXXXXXXX	B-171		
Unit Letter B : 330 Feet From The North Line and 2310 Feet From The East							
	Unit Letter : 330	-		_			
	Line of Section 4 Tow	vnship 18—S Range	35-E , _{NMPM} ,	<u>Lea</u>	County		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S				
	Name of Authorized Transporter of Off (X) or Condensate (Address (Give address to which approved copy of this form is to be sent)						
	Texas-New Mexico Pipeli Name of Authorized Transporter of Cas	.ne Singhed Gas X or Dry Gas	P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to		o be sent)		
	Phillips Petroleum Comp		4001 Penbrook St.,				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. I 33 17-S 35-E	Is gas actually connected? Yes	When 9-2-80			
	If this production is commingled wit	<u> </u>					
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deep		'v. Diff. Res'v.		
	Designate Type of Completio	on – (X)	i i i i i i i i i i i i i i i i i i i		1		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
				Depth Casing Shoe			
	Perforations Depth cashing shots						
		T	CEMENTING RECORD DEPTH SET SACKS CEMENT		CUT		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEM	ENT		
*'	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fer recovery of total volume of la	oad oil and must be equal to or e	xceed top allow-		
V. TEST DATA AND REQUEST-FOR ALLOWABLE OII. WELL Date of Test OII. WELL Date of Test Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Cil Run To Tanks	Date of Test					
	Length of Test	Tubing Pressure	Casing Pressure	Chcke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF			
	GAS WELL						
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate			
	Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
	Leating Method (burnet open bit)						
VI.	CERTIFICATE OF COMPLIANCE	CE	OIL CONS	ERVATION COMMISSION	4		
	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				
			BYOrig. Signed by Jerry Sexton				
			TITLE Dist 1, Supt.				
	/s/ *	This form is to be filed in compliance with NULE 1104.					
If this is a request for allowable for			r allowable for a newly drille	ed or deepened i the deviation			
	(Signi	Il tente taken on the well in	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.				
	Clerical and Services	Supervisor	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
	1-2-3	50	II sould contain	t ii lit and VI for char	nges of owner. Let of condition.		
	(D_{ℓ})	i(r)	well name or number, or transporter, or other such change of condition, well name or number, or transporter, by filed for each pool in multiple.				

Fill out only Sections I. H. HI, 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 completed wells.