1.	DISTRIBUTION DISTRIBUTION SANTA FF. FILE U.S.G.S. LAND OFFICE TRANSPORTER OPEFLATOR PROFATION OFFICE Operator PHILLIPS PETROLEUM Address 4001 Penbrook Stre Reason(s) for filing (Check proper bo New We!! Recompletion	AUTHORIZATION TO TR AUTHORIZATION TO TR COMPANY et, Odessa, Texas 7976	52 Ciher (Please exp	(ain) Order No	Form C-104 Supersedes Old C-104 and C-1 Elfective 1-:-55 0. 5871 Change of Unitization.
	Change in Ownership X If change of ownership give name and address of previous owner	Casinghead Gas Cond	ensate Formerly:	State-N	
1.	DESCRIPTION OF WELL AND Lease Name East Vacuum GE Unit Tract No. 1961 Location Unit Letter E	LEASE -SA ^{Nell No.} Pool Name, Including 001 Vacuum GB-SA 1980 Feet From The <u>North</u>	Formation Xim Stat	d of Lease e, XXXXXXXXX	Lease No.
11.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of C: Mobil Pipe Line Name of Authorized Transporter of Ca	singhead Gas X or Dry Gas	AS Addross (Give address to whi Box 633, Midl Address (I, ive address to whi		
	Phillips Petroleum Con If well produces oil or liquids, give location of tarks.	npany Unit Sec. Twp. Rge. E 19 17S 35E th that from any other lease or pool.	4001 Penbrock Is gas actually connected? Yes	St., Odess	a, Texas 79762
IV.	COMPLETION DATA Designate Type of Completic Date Spudded Elevations (DF, RKB, RT, GR, etc.)	Oil Well Gas Well		P.B.T.C	
				Depth C	asing Shoe
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WFII. (Test must be after recovery of total values of load oil and must be equal able for this depth or be for full 24 hours) Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)					e equal to ar exceed top allow-
-	Length of Test Actual Prod. During Test	Tubing Preseure Oll-Bbis.	Casing Pressure Water-Bble.	Choke Si Gas-MC	
~	AS WELL				
	Actual Prod. Teet-MCF/D Tretting Method (pirol, back pr.)	Longth of Test Tubing Pressure (Shut-in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity o Choke Si	f Condensate
I C	ERTIFICATE OF COMPLIANC hereby certify that the rules and re ommission have been complied withove is true and complete to the	OIL CONSERVATION SOMMISSION APPROVED DEC 2.8 978 BY BY Jerry Sexton TITLE Diet 1. Sugs			
 2 	PRODUCTION CLERICAL SUP (Production CLERICAL SUP)	This form is to be filed in compliance with NULE 1104. If this is a request for sliowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation thats taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow- able on new and recompleted wells. I'll out only Sections I. II. III, and VI for changes of owner, wall name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.			

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