	DISTRIBUTION	-	4		
	SANTA FE	REQUEST FOR ALLOWARLE		Form C=104 Supersedes Old C=104 and C+11	
	FILE U.S.G.S.			Ellective 1-1-65	
LAND OFFICE			AD .		
	TRANSPORTER OIL GAS				
	OPERATOR PROPATION OFFICE				
1.	PROFATION OFFICE Devolor PHILLIPS PETROLEUM COMPANY				
	Address				
	4001 Penbrook Street, Odessa, Texas 79762 Reeson(s) for filing (Check proper box) Other (Please explain) Order No. 5971 Checker				
New Weil Change in Transporter of: Of lease name because of formerly: Shell State B-   Recompletion Cli Dry Gas Formerly: Shell State B-				er No. 5871 Change	
	change of ownership give name Crown Central Petroleum Corp., 1010 Bank of the Southwest Bldg. Tx 77002				
II. DESCRIPTION OF WELL AND LEASE					
	Lesse Name East Vacuum GB- Unit Tract No. 1912	SA Well No. Pool Name, Including Fo 002 Vacuum GB-SA	VVVVV		
· <b>.</b>	Location				
	Unit Letter I ; 16	I ; 1650 Feet From The South Line and 330 Feet From The		he East	
	Line of Section 19 Tow	mship <u>17-S</u> Range	35-Е , ММРМ, Lea	County	
III.	DESIGNATION OF TRANSPORT		S	ed convict this form in to be conti	
	Texas-New Mexico Pipe Line		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240		
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		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,	Unit Sec. Twp. P.ge.	Is gas actually connected? When Yes		
		D 20 17S 35E h that from any other lease or pool,	<u></u>		
IV.	COMPLETION DATA Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Hesty.   Diff. Resty.	
	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	<u> </u>	<u> </u>	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 able for this depth or be for full 24 hours)			nd must be equal to or exceed top allow-		
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift	, elc.)	
	Length of Teet	Tubing Pressure	Casing Preseure	Choke Size	
	Actual Prod. During Teet	Cil-Bbis.	Water-Bbie.	Gas • MCF	
				[]	
	GAS WELL	<u></u>			
	Actual Frod. 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 COMPLIANC	CE	OIL CONSERVA	TION COMMISSION	
	I hereby certify that the rules and regulations of the Oll Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED DEC 28 1978 19		
			BY Jerry Sexton		
			TITLE Dist 1, Sugar .)		
	Ch.E. Wilson		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, this form 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 allow- able on new and recompleted wells.		
	(Signature)				
	PRODUCTION CLERICAL SUPERVISOR (Title)				
	12-1-78	12-1-78 (Date)		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	
	( <i>Va</i>		Separate Forms C-104 inust	be filed for each pool in multiply	
	a traditional and a second				