1.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPER/TOR PROFATION OFFICE Ciperation	REQUEST	CONSERVATION COM JON T FOR ALLOWABLE AND CANSPORT OIL AND NATURAL	Form C-104 Supercedes Old C-104 and C+1 Effective 1+1+65 . GAS	
	Phillips Petroleum Company				
	Address 4001 Penbrook St., Odessa, Texas 79762				
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:				
	Recompletion Change in Ownership	Cil Dry G Casinghead Gas Conde			
	If change of ownership give name		Kelocation	of tank battery	
IJ.	and address of previous owner DESCRIPTION OF WELL AND	I FASE	······		
	Lease Name East Vacuum G/S Unit, Tract No. 2054	SA Well No. Poel Name, Including F 001 Vacuum G			
	Location	_			
			35-E	_	
		wnship <u>17-S</u> Range	, NMPM,	Lea County	
	None of Authorized Transporter of Oil	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cit X or Condensate Address (Give address to which approved copy of this form is to be sent) Townon New Manning, Discussion of Cit X or Condensate			
			P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Comp	Dany Unit Sec. Twp. Ege.	4001 Penbrook St., Ode	essa, TX 79762	
	give location of tanks. J J 19 17-S 35-E Yes 12-1-78				
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,	give commingling order number:		
	Designate Type of Completic	on - (X)		Plug Back Same Res'v. Diff. Res'v.	
	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				
			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	4				
v	TEST DATA AND DEALEST E				
•.	FEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF	
	GAS WULL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
	Trating Nothod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choxe Size	
/1.	ERAFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	1 hereby certify that the rules and regulations of the Oil Conservation Commutation have been complied with and that the information given		APPROVED, 19		
	whose is true and complete to the best of my knowledge and belief,		BY Orig. Signed by		
	\leq 1		TITLE Jerry Sexion Dist 1, Supv		
-	Sille Dage		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened		
•	(Signature) Clerical and Services Supervisor		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 we	113.	
-		·)	Fill out 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 sech pool in multipl, completed wells.		