	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPENATOR		ONSERVATION COM SION FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-17 Effective 1-1-65	
I .	PROFATION OFFICE				
		Phillips Petroleum Company			
Address 70.7(2)					
4001 Penbrook St., Odessa, Texas 79762 Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well	Change in Transporter of:			
	Recompletion	Cil Dry Gas Casinghead Gas Conden:		f tank battery	
	If change of ownership give name and address of previous owner				
П.	II. DESCRIPTION OF WELL AND LEASE				
	Leose Name East Vacuum G/SA			and the second se	
	Unit, Tract No. 2060	082 Vacuum G/	SA	<u>B-2388</u>	
	Unit Letter K : 1650 Feet From The South Line and 1980 Feet From The West				
	Line of Section 20 Town	ship 17-S Range	35-E , NMPM,	Lea County	
	Line of Section 20				
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Xi or Condensate Address (Give address to which approved copy of this form is to be sent)				
	Texas-New Mexico Pipelir	ne	P. O. Box 2528. Hobbs.	NM 88240	
	Name of Authorized Transporter of Cast		Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Compa	iny Unit Sec. Twp. Ege.	4001 Penbrook St., Odes	n	
If well produces cil or liquids, give location of tanks. J 19 17-S 35-E Yes				1:2-1-78	
	If this production is commingled with that from any other lease or pool, give commingling order number:				
1V.	COMPLETION DATA	(Y) Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Date Spudded	Exite compart hour in the			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tep Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, ANI 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 be equal to or exceed top oil, WELL				
Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			(1, elc.)		
	Length of Teat	Tubing Pressure	Casing Pressure	Chcke Size	
	Cendra of Teal	•		Gas - MCF	
	Actual Pred. During Tost	Cil-Bbls.	Water-Bbls.		
	I		1	<u> </u>	
	GAS WELL	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
	Actual Prod est-MCF7D	Teuán or ieit			
	Trailing Mathod (pitoi, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. CERTIFICATE OF COMPLIANCE OIL CONSERVATION CO			TION COMMISSION		
vJ.			19		
	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		
			BY	1 1 1	
			TITLE		
	Eluidase_		This form is to be filed in compliance with NULE 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 NULE 111.		
	(Signature)				
	<u>Clerical and Services</u>	Supervisor	All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.		
	9-4-8	9-4-80		Fill out only Sections I. H. HI, and VI for changes of constru- well name or number of transporter, or other such change of condition-	
	(Date)		Separate Forms C-104 must be filed for each pool in multiply		
			completed wella.		