1.	we. of copies alceived DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFICE Operator PHILLIPS PETROLEU Address 4001 Penbrook Str Reason(s) for filing (Check proper box) New We!1 Recompletion Change in Ownership [X]	REQUEST : AUTHORIZATION TO TRA M COMPANY eet, Odessa, Texas 797	Other (Please explain) of lease name b Formerly: Shell	rder No. 5871 Change ecause of Unitization.
	If change of ownership give name of and address of previous owner		Co., 1010 Bank of the S	outhwest Bldg.,Tx 77002
	DESCRIPTION OF WELL AND I Lease Name East Vacuum GB- Unit Tract No. 2079	SA Veli No. Pool Name, Including Fo	. vvv	
	Unit Letter D; 990 Feet From The North Line and 990 Feet From The West			
	Line of Section 20 Township 17-S Pange 35-E , NMPM, Lea County			
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAM Name of Authorized Transporter of Oil 😰 or Condensate 🗌 Texas-New Mexico Pipe Line Name of Authorized Transporter of Casinghead Gas 😰 or Dry Gas 🗍 Phillips Petroleum Company		S Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240 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, give location of tanks.	Unit Sec. Twp, P.ge.		hen 12-1-78
	If this production is commingled with that from any other lease or pool, give commingling order number:			
IV.	COMPLETION DATA Designate Type of Completio	on - (X)	New Well Workover Deepen	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	<u></u>	<u></u>	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	
¥.	V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or ex oil, WFIL			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.j
	Length of Teet	Tubing Pressure	Casing Preseure	Choke Size
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gan • MCF
	I	<u>L</u>	<u>1</u>	<u></u>
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure(shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	CERTIFICATE OF COMPLIAN		OIL CONSERV	ATION COMMISSION
¥1.			DFP. 28 1010	
	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.		BY Jerry Sexton	
			TITLE Dist 1, Supv.	
4	PRODUCTION CLERICAL SI (Signa PRODUCTION CLERICAL SI (True 12-1-78 (Da	UPERVISOR	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. 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 each pool in multiply	
			runnieted welle.	