	FILE REQUEST	FONSERVATION COMP. 'ON FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Porm C-104 Supersedes Old C-104 and (-1) Effective 1-1-65 AS
1.	GAS OPEF/TOR PROFATION OFFICE Cperator		
Phillips Petroleum Company			
	4001 Penbrook St., Odessa, Texas 79762		
	Reason(s) for filing (Check proper box) New Well [] Change in Transporter of:	Other (Please explain)	
	Recompletion Cil Dry Go		
Change in Ownership Casinghead Gas Condensate Relocation of tank ba			tank battery
	If change of ownership give name and address of previous owner		······································
11.	DESCRIPTION OF WELL AND LEASE		
	Lease Name East Vacuum G/SA Vell No. Pool Name, Including F Unit, Tract No. 2150 009 Vacuum G	Charles Bacharad	2
	Location	/ <u></u>	
	Unit Letter P ; 660 Feet From The South Line and 660 Feet From The East		
	Line of Section 21 Township 17-S Range 35-E , NMPM, Lea County		
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		
	Name of Authorized Transporter of Oil X       or Condensate       Address (Give address to which approved copy of this form is to be sent)         Texas-New Mexico Pipeline       P. O. Box 2528, Hobbs, NM 88240		
	Name of Authorized Transporter of Casinghead Gas 🔀 👘 or Dry Gas 🧮	Address (Give address to which approved copy of this form is to be sent)	
	Phillips Petroleum Company Unit Sec. Twp. Pge.	4001 Penbrook St., Odes Is gas actually connected?	
If well produces cil or liquids, give location of tanks. A 28 17-S 35-E Yes			9-2-80
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA		
	Designate Type of Completion - (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		Depth Casing Shoe
	TUBING, CASING, AN	D CEMENTING RECORD	SACKS CEMENT
	4		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equa			ind must be equal to or exceed top allow.
¥.	OIL WEIL       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.)		
			Choke Size
	Length of Test Tubing Pressure	Casing Pressure	
	Actual Pred. During Tost Oil-Bbls.	Water - Bbls.	Gas-MCF .
			<u></u>
	GAS WELL Actual Prod. Tool+MCF/D Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
		Den Den en fribuit-ID	Choke Size
	Traing Mathod (pitot, back pr.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	
VI.	CERATFICATE OF COMPLIANCE		TION COMMISSION
	hereby certify that the rules and regulations of the Oil Conservation		. 19
	Commission have been complied with soil that the information given showe is fine and complete to the best of my knowledge and belief.		
		TITLE	<u></u>
	5/1 Dage	This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or despend	
	(Signative)	well, this form must be accompanied by a tabulation of the deviation of th	
	<u>Clerical and Services Supervisor</u>	<ul> <li>All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.</li> </ul>	
	$\begin{array}{c} \mathcal{P} = \mathcal{P} - \mathcal{P} \\ \mathcal{O} \\ \mathcalO \\ $	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 multiple connected wells.	