NUMBER OF COPIES RECEIVED CISTRIBUTION SANTA F: FILE UNIT A F: FILE UNIT A F: OF FIGE: Company or Operator Phillips Pe Unit Letter Pecol Vacuum If well produces oil or condens give location of tanks Authorized transporter of oil X or condens give location of tanks	CERTIFIC TO FILE THE ORI troleum Com ownship 17S	ATE OF CO TRANSPOR IGINAL AND 4 C pany Range	A FE, NEW M MPLIANCE TOIL AND OPIES WITH TH 35E Section 21 Address (give as		(e) State Range 35E	
Is Gas Actually Connected? Yes X No						
Authorized transporter of casing head gas 🕱 or dry gas 🗌 Date Con- nected Phill				esNo (give address to which approved copy of this form is to be sent) Llips Bldg 4th & Washington ssa, Texas		
REASON(S) FOR FILING (please check proper box) New Well Change in Ownership Change in Transporter (check one) Other (explain below) Oil Dry Gas Oil Crasing head gas Condensate Meno 3-63						
Remark s						
The undersigned certifies that the Ru	les and Regulati	ions of the Oil Co	onservation Com	mission have been complied	with.	
Executed th	is the	. day ofJe	nuary	, 19 64	<u></u>	
OIL CONSERVATIO	N COMMISSION		Company	rea Chief Clerk	Company	
Date			Address	ox 2130 - Hobbs, Ne		