40. OF COPIES ALC	lived		
DISTRIBUTION		1	
SANTA FE			
FILE		1	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL		
	G A S		
OPERATOR			
PROPATION OFFICE			

## NEW MEXICO DIL CONSERVATION COMMES ....

	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65			
	U.S.G.S.	AUTHORIZATION TO TR	AND ANSPORT OIL AND NATURAL	· ·			
	LAND OFFICE	ASTRONEZATION TO THE	ANDI OKT DIE MNO NATUKAL	CAS			
	TRANSPORTER OIL						
	OPERATOR GAS	-	•				
ı.	PROPATION OFFICE	1					
	PHILLIPS PETROLE	IM COMPANY					
	4001 Penbrook St	4001 Penbrook Street, Odessa, Texas 79762					
	Reason(s) for filing (Check proper box	,	Other (Please explain)	rder No. 5871 Change			
	ecause of Unitization.						
	Recompletion   Oil   Dry Gas   Feather thanks because of billtizate   Change in Ownership X   Casinghead Gas   Condensate   Feather Stat-L #1						
	1/ about 1/ amount in the second in the seco						
	If change of ownership give name and address of previous owner	Mobil Oil Corp., Box 6	533, Midland, Texas 79	702			
78	DESCRIPTION OF WELL AND	I FACE					
•••	Lease Name East Vacuum GB-		Formution Kind or Leas	Lease No.			
	Unit Tract No. 2175	001 Vacuum GB-S	A State, XXX	CKXXXX			
	Unit Letter N : 660 Feet From The South Line and 1980 Feet From The West						
	Unit Letter N ; 66	Feet From The SOULI Li	ne and 1980 Feet From	The West			
	Line of Section 21 To-	waship 17-S Range 3	35-E , NMPM, Lea	a County			
144	DESIGNATION OF TRANSPORT	TED OF OUR AND NATURAL C	• •				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil 🛣 or Condensate 🗀 Address (Give address to which approved copy of this form							
	Texas-New Mexico Pipe		P.O. Box 2528, Hobbs,				
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids,	Tinit Sec Two Pge 15 229 00		Ol Penbrook St., Odessa, Texas 79762			
	give location of tanks.	K 21 17-S 35-E	Yes	12-1-78			
	f this production is commingled with that from any other lease or pool, give commingling order number:						
3 V .	COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.			
	Designate Type of Completic						
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	Ferrotations			Dapin Caring Silve			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
•	meet pand as project to	DD AT YOU'ABLE		<u> </u>			
٧.	TEST DATA AND REQUEST FOOL WELL	able for this de	epth or be for full 24 hours)	and must be equal to or exceed top allow			
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				(ft, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gan-MCF			
1							
r	GAS WELL Actual Prod. Tool-MCF/D	T	1801 G				
	Actual Pros. 1881+MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
Ì	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size			
_ {			1				
VI.	CERTIFICATE OF COMPLIANC	CE .	OIL CONSERVA	ATION COMMISSION			
I hereby certify that the rules and regulations of th			vation APPROVED, 19				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Orig. Signed by Jerry Sexton				
			Jerry Sexton TITLEDist 1, Supra				
			This form is to be filed in compliance with MULE 1104.				
	J. E. W.	clean	If this is a request for allowable for a newly drilled or deepened				
•	PRODUCTION CLERICAL SUPERVISOR  (Title)  12-1-78		well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  All sactions of this form must be filled out completely for allowable on new and recompleted wells.  Till out only Sections 1 II III. and VI for changes of owner.				
-							
-	(Dat		well name or number, or transporter, or other such change of condition.  Separate Forms C-104 must be filed for each pool in multiply completed wells.				