1	NO. OF COPIES RECEIVED	1			
	DISTRIBUTION		ONSERVATION COMMIS	· •	
	SANTA FE		FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and (11-	
	FILE	REGOLST .	AND	Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL C	<b>`</b> A <b>C</b>	
	LAND OFFICE			· · · · · · · · · · · · · · · · · · ·	
	IRANSPORTER OIL	]			
	GAS	]			
	OPERATOR				
1.	PROPATION OFFICE				
	PHILLIPS PETROLEUM COMPANY				
	Address 4001 Penbrook Street, Odessa, Texas 79762				
		·····			
	Reason(s) for filing (Check proper box,	,	Other (Please explain) Ore	der No. 5871 Change	
	New We!1	Change in Transporter of:		cause of Unitization.	
	Recompletion	Cil Dry Gas	Formerly:		
İ	Change in Ownership X	Casinghead Gas Conden	sale State	-L #3	
	If change of ownership give name and address of previous owner	Mobil Oil Corp., P. O. I	Box 633, Midland, Texas	79702	
11.	DESCRIPTION OF WELL AND				
	Lease Name East Vacuum GB-	SA Vell No. Pool Hame, Including Fo			
	Unit Tract No. 2175	003 Vacuum GB-SA	State, KXXX	1. de / 57 6.	
	Location				
	Unit Letter K ; 1650 Feet From The South Line and 1980 Fret From The West				
• •	Line of Section 21 Township 17-S Range 35-E , NMPM, Lea County				
III.	. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oli 🔀 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)				
	Texas-New Mexico Pipe		P.O. Box 2528, Hobbs,		
	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 4001 Penbrook St., Odessa, Texas 79762			· · · · · · · · · · · · · · · ·	
	If well produces oil or liquids, Unit Sec. Twp. Pge. Is gas actually connected? When				
give location of tanks. K 21 175 35E Yes 12-1-7				12-1-78	
	If this production is commingled wit	th that from any other lease or pool,	give commingling order number:		
	COMPLETION DATA				
	Designate Type of Completio	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Ditt. Restv.	
			1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	· · · · · · · · · · · · · · · · · · ·	
	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	
			<u> </u>	Depth Casing Shoe	
	Perforations			Depth Casing siles	
		· · · · · · · · · · · · · · · · · · ·	CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		1			
		1			
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 allow- able for this depth or be for full 24 hours)				
	OII, WELL able for fair depth of be for full 24 hours) Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
				;	
	Longth of Test	Tubing Pressure	Casing Presewa	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water-Bble.	Gas - MCF	
	-				
I		<u></u>	<u></u>	······································	
	GAS WELL				
1	Actual Frod. Test-MCF/D	Length of Test	Bbla. Condensate/MMCF	Gravity of Condensate	
•					
	Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size	
1	L CERTIFICATE OF COMPLIANCE OIL CONSERVATION COMMISSION				
41.				•	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED 19		
	Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		Orlg. Signed by		
			BYJerry Sexton		
			TITLE Dist 1, Sup		
			This form is to be filed in compliance with RULE 1104. If this is a request for sllowable for a newly drilled or despend <sup>4</sup> 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-		
	(Tit	" 12-1-78	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		
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		ļ	completed weile.		