I.		REQUEST AUTHORIZATION TO TRA Leum Company St., Odessa, Texas 79762		Form C -104 Supersedes Old C-104 and C-1; Effective 1-1-65	
11.	Reason(s) for filing (Check proper box, New We'l Recompletion Change in Ownership If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name East Vacuum G/S	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder LEASE	nsole Relocation of	f tank battery	
	Unit, Tract No. 2505	048 Vacuum G	SA State, Redered	<u>B-960</u>	
	Location 563 Unit Letter D : 560 Feet From The West Line and 765 Feet From The North				
	Line of Section 25 Tow	vnship 17-S Range	35-E , NMPM,	Lea County	
	Lange				
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA 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 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Company		4001 Penbrook St., Odessa, TX 79762		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Pge. F 26 17-S 35-E	Is gas actually connected? Whe	12-1-78	
	If this production is commingled with		give commingling order number:	12-1-10	
IV.	COMPLETION DATA	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic	on = (X)	i i 1 1 1 <u>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	
	Perforations Depth Casing Shoe				
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	4				
		OP ALLOWARIE (Test must be a	1 feet recovery of total volume of load oil o	i	
¥.	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) OIL WELL Image: Strat New Cit Run To Tanks Date First New Cit Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
		Tubing Pressure	Casing Pressure	Choke Size	
	Length of Test			0	
	Actual Pred. During Tost	Oll-Bbis.	Water - Bble.	Gas-MCF .	
	GAS WELL	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Fish Forester D			Choke Size	
	Traing Heikod (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		
VI.	L CERATFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	1 hereby certify that the rules and regulations of the Oil Conservation		APPROVEDSEP 1 1 1980 10		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYJohn D		
			John P		
			This form is to be filed in compliance with RULE 1104.		
	S.C. Dece		If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All mactions of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of condition.		
	(Signature) Clerical and Services Supervisor				
	$9-4-80^{(Tutle)}$				
	7-4-80 (Da	ste)	If well name or number, of transport	, fil, and vy for change of condition. es or other such change of condition. the filed for each pool in multiple	