8.		AUTHORIZATION TO TRA	FOR ALLOWABL AND NSPORT OIL AN	E	Effective 1-	Old C-104 and C-1; 1-65	
	Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Cil Dry Gas Casinghead Gas Conden		elocation of	tank batter	y	
	DESCRIPTION OF WELL AND I Lease Name East Vacuum G/S Unit, Tract No. 2622 Location Unit Letter <u>G</u> ; 198		ŚĄ	Kind of Lease State, Redenato Feet From The		Lease No. B-1497	
	Line of Section 26 Tow	nship 17-S Range	35-Е , N	MPM,	Lea	County	
111.	DESIGNATION OF TRANSPORT Nerre of Authorized Transporter of Oli Texas-New Mexico Pipeli Nerre of Authorized Transporter of Cas Phillips Petroleum Comp If well produces oil or liquids, give location of tarks.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762 Is gas actually connected? Yes					
IV.	If this production is commingled wit COMPLETION DATA	If this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Out Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.					
	Designate Type of Completio	n - (X)	Total Depth		P.B.T.D.		
	Date Spudded Elevations (DF, RAB, 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		H SET	SACKS	EMENT	
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) OIL WELL Producing Method (Flow, pump, gas lift, etc.)						
	Date First New Cil Run To Tanks Date of Test						
	Length of Test	Tubing Pressure	Casing Pressure		Cheke Size		
	Actual Pred. During Test	Oil-Bble.	Water - Bbls.		Gas-MCF		
	GAS WELL Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/	MMCF	Gravity of Condens	ate	
	Tealing Nolkod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (but-in)	Choke Size		
VI	CERTIFICATE OF COMPLIAN	OIL CONSERVATION COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, 19 BYJohn R_nyan 'TITLEGeologist				
	Clerical and Services Supervisor (Jule) 24-80 (Date)		This form is to be filed in compliance with NULE 1104. 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 soctions of this form must be filled out completely for silow- 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 multiple completed wells.				