NO. OF COPIES RECEIVED			
DISTRIBUTION SANTA FE	REQUEST FC	SERVATION COMMISSION	Form C-104 Supersedes Old C-104 and C-110 Effective 14-65
FILE U.S.G.S.	AUTHORIZATION TO TRAN	AND	
LAND OFFICE	-		
GAS	•		
OPERATOR PRORATION OFFICE			
Phillips Petrol	Leum Company		
	ing - Odessa, Texas	Other (Please explain)	
Reason(s) for filing (Check proper box	/ Thimse in Transporter of:		- Effective 2-1-67
Recompletion	Cii Dry Bas Casinghead Gas Condense	R-3180; R-31	.81
If change of ownership give name	Mobil Oil Company - State	e npn No. 5	
and address of previous owner	I FASF		
Lease Name		», Including Formation IM Abo Reef	Kind of Lease State, Federal of Fee State
Vacuum Abo Unit, Tra			he east
Unit Letter <u>A</u> ; <u>99</u>	0Feet From The <u>north</u> Line		Lea County
Line of Section 26 , To	winship 17S Range 35	<u>6 , mmpm, </u>	
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GAS		proved copy of this form is to be sent)
Texas=New Mexico Pipe	Line Company	Box 1510 - Midland, Address (Give address to which app	Texas proved copy of this form is to be sent)
Name of Authorized Transporter of Co Phillips Petroleum C	Company	Phillips Building - (Is gas actually connected?	Ddessa, Texas
If well produces oil or liquids, give location of tunks.	Unit Sec. Twp. Rge. M 26 178 35E	Yes	NR
If this production is commingled w	with that from any other lease or pool, g		Find Back Same Res'v. Diff. Res'v.
IV. COMPLETION DATA Designate Type of Complet	01. 001.	New Well Workover Deepen	Flug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.
i ool	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
l erforations			Depth Casing Shoe
	TUBING, CASING, AND	CEMENTING RECORD	
HOLESIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		· · · · · · · · · · · · · · · · · · ·	
V. TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (Test must be a able for this de	fter recovery of total volume of load opth or be for full 24 hours)	oil and must be equal to or exceed top allow-
Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, go	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Fred, During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL Actual Frod. Test-MCE/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Metuod (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size
			RVATION COMMISSION
VI. CERTIFICATE OF COMPLIA			, 19
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.		,
~		This form is to be file	d in compliance with RULE 1104.
<u> </u>	Signature)	If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Region Office Sup	ervisor	toete taken on the well in	m must be filled out completely for allow
(Title) January 30, 1967		Fill out Sections I, II, III, and VI only for changes of owner well name or number, or transporter, or other such change of condition	
	(Date)	Separate Forms C-104	must be filed for each pool in multipl