1.	we. or copies acclives         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND DFFICE         I RANSPORTER         OIL         TRANSPORTER         OPEF: A TOR         PROPATION OFFICE         Operator         PHILLIPS PETROLEU         Address         4001 Penbrook Str         Reason(s) for filing (Check proper box)         New We!!         Recompletion         Change in Ownership give name         and eddress of previous owner	REQUEST AUTHORIZATION TO TRA M COMPANY eet, Odessa, Texas 797 Change in Transporter of: Cit Dry Ga Casinghead Gas Conder	Other (Please explain) Or of lease name been formerly: State	der No. 5871 Change cause of Unitization. -K #1
11.	DESCRIPTION OF WELL AND I Lease Name East Vacuum GB- Unit Tract No. 2720		IVVVV	
- •	Location		e andFeet From 7	
I <b>II</b> .	Line of Section 27 Township 17-S Range 35-E , NMPM, Lea County DESIGNATION OF TRANSPORTED OF OIL AND NATURAL GAS Name of Authorized Trainsporter of OII (1) or Condensate (1) Address (Give address to which approved copy of this form is to be sent)			
·	Texas-New Mexico Pipe Line         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas         Phillips Petroleum Company		P.O. Box 2528, Hobbs, Address (Give address to which approv 4001 Penbrook St., Od 18 gas actually connected?	ved copy of this form is to be sent) essa, Texas 79762
	give location of tanks. If this production is commingled wit	H 27 17-S 35-E h that from any other lease or pool,	**************************************	12-1-78
IV.	COMPLETION DATA Designate Type of Completio	n - (X)	New Well Workover Deepun	Plug Back   Same Hes'v. Dill. Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
	Perforations Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>v</b> .	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)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, jas lif	i, elc.)
	Longth of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Teet	OII-Bbis.	Water - Bble.	Gan - MCF
,	GAS WELL Actual Frad. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate			
	Actual Prod. Test=NCF/D Testing Method (pitor, back pr.)	Length of Test Tubing Pressure (Shut-in)	Bbls, Condensate/MMCF	Choke Size
	· · · · · · · · · · · · · · · · · · ·			TION COMMISSION
	CERTIFICATE OF COMPLIANCE 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 JAN 1 1979	
-	(Signature) PRODUCTION CLERICAL SUPERVISOR (Title) 12-29-78 (Date)		If this is a begun to an analysis of a tabulation of the deviation 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- 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 completed wells.	