HO, OF COMIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G. <b>S</b> .					
LAND OFFICE					
TRANSPORTER	OIL				
	GAS				
OPET/TOR					
PROPATION OFFICE			I		

## NEW MEXICO OIL CONSERVATION COMPTON REQUEST FOR ALLOWABLE

Form C-104 Supersedes Old C-104 and C-17: Effective 1-1-65

	U.S.G.S.  LAND OFFICE  TRANSPORTER  GAS	AUTHORIZATION TO TRAI	AND NSPORT OIL AND NATURAL	GAS		
	OPERATOR PROPATION OFFICE					
1.	Phillips Petroleum Company					
	Address					
	4001 Penbrook St., Odessa, Texas 79762  Reason(s) for filing (Check proper box)  Other (Please explain)					
	New Well	Change in Transporter of:				
	Recompletion	Cil Dry Gas				
	Change in Ownership	Casinghead Gas Conden	sale Relocation	of tank battery		
	If change of ownership give name and address of previous owner					
11.	DESCRIPTION OF WELL AND		ormation Kind of Lea	150		
	Lease Name East Vacuum G/S	1 I	C 12	<b>4</b>		
	Unit, Tract No. 2720	003 Vacuum G/	SA 1 AAA	<u> </u>		
	Unit Letter B; 66			n The <u>East</u>		
	Line of Section 27 Tov	vaship 17-S Range	35-E , NMPM,	Lea County		
727	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	S			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS    Name of Authorized Transporter of Oil   X   or Condensate				roved copy of this form is to be sent)		
	Texas-New Mexico Pipeli	ne	P. O. Box 2528, Hobbs	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas			Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762		
	Phillips Petroleum Comp	Unit Sec. Twp. Pge.	Is gas actually connected?	When		
	If well produces oil or liquids, give location of tanks.	A 28 17-S 35-E	Yes	12-1-78		
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Hesty.   Diff. Resty.		
	Designate Type of Completion	on – (X)	! !			
	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		
	•					
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a)	fter recovery of total volume of load o pth or be for full 24 hours)	oil and must be equal to or exceed top allow		
	OII. WELL    Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	lift, etc.)		
				Choke Size		
	Length of Test	Tubing Pressure	Casing Pressure	CHOIC STEE		
	Actual Pred. During Test	Oil-Bbls.	Water - Bble.	Gas-MCF		
	Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
			100	Chox • Size		
	Teating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	G11024 0124		
VI. CERTIFICATE OF COMPLIANCE		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.  (Signature)  Clerical and Services Supervisor		APPROVED	, 19		
			Orig. Signed by  BY Jubn Runyan			
			Geologist			
			TITLE			
			This form is to be filed in compliance with NULE 1104.  If this is a request for allowable for a newly drilled or despendent for a templatic of the deviation			
			If this is a request for anomalies by 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 NULE 111.			
			Attacktions of this form must be filled out completely for slice.			
			able on new and recompleted	Metta:		
$C_1 U - RO$		Fitt 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.