	ANTA FE REQUEST FOR ALLOWABLE S			Effective 1-1-6	C-104 and C-1)+ S	
1.	GAS OPET/TOR PROFATION OFFICE Operator					
	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 Change in Ownership Casinghead Gas Condensate Relocation of tank battery					
	If change of ownership give name and address of previous owner					······································
11	SCRIPTION OF WELL AND LEASE					
	Lease Name East Vacuum G/SA	Well No. Pool Name, Including Fo		Kind of Lease		Lease No.
	Unit, Tract No. 2738	002 Vacuum G/	SA	State, Redenat	XXXX	<u> B-1839</u>
	Unit Letter F ; 1980 Feet From The North Line and 1980 Feet From The West					
	Line of Section 27 Townsh	ip 17-S Pange	35-Е , ммр	м,	Lea	County
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Nome of Authorized Transporter of Oil [X] or Condersate [Address (Give address to which approved copy of this form is to be sent)					
	Texas-New Mexico Pipeline		P. O. Box 252	8. Hobbs.	NM 88240	
	Nome of Authorized Transporter of Casingh	Address (Give address to which approved copy of this form is to be sent)				
	Phillips Petroleum Compan	4001 Penbrook St., Odessa, TX 79762				
	If well produces cil or liquids, give location of tanks. Unit Sec. Twp. Page. Is gas actually connected? When If well produces cil or liquids, give location of tanks. A 28 17-S 35-E Yes 12-1-78 If this production is commingled with that from any other lease or pool, give commingling order number:					
IV.	COMPLETION DATA	Oll Well Gas Well	New Well Workover		Plug Back Same Res	'v. Diff. Res'v.
	Designate Type of Completion -		Total Depth	1 I	P.B.T.D.	
	Date Spudded Da	Re Compr. Reday to Fred.				
	Elevations (DF, RAB, RT, GR, etc.) Na	ame of Producing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations Depth Casing Shoe					
		TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT	
	HOLE SIZE					
			<u> </u>			
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 Date of Test Producing Method (Flow, pump, gas lift, etc.)					
	Length of Test Tr	ubing Pressure	Casing Pressure		Choke Size	
	Actual Pred. During Test Of	1-8bis.	Water - Bbls.		Gas-MCF .	
	GAS WELL		Bbla. Condensate/MM	CE.	Gravity of Condensate	
		ength of Test	Casing Pressure (Shi		Choke Size	
	Tealing Method (pitot, back pr.) To	ubing Pressure (Shut-in)				
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commutation have been complied with and that the information given above is true and complete to the beat of my knowledge and belief.		APPROVEDSEP 1 1980 10			
			BY John Runyan			
			TITLE Geologist			
	Elu. Dee		This form is to be filed in compliance with NULE 1104.			
	(Signatur	well, this form must be accompanied by a tabliation of the detailed by a tabliation of tabliation				
	<u>Clerical and Services Supervisor</u>		All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.			
	9-4-80 (Dute)		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			
			Separate For completed wella.	ms C-104 must	De 1740 for escu (- 224 - ELE - DIALA CAPACI