	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE	REQUEST F	NSERVATION COMM <sup>MEN</sup> ON OR ALLOWABLE AND ISPORT OIL AND NATURAL GA	Form C+104 Supersedes Old C+104 and C+1; Effective 1-1-65
- - - - -	TRANSPORTER OIL TRANSPORTER GAS OPERATION OFFICE Operator			
F	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			
	f change of ownership give name and address of previous owner			<u>,</u>
í	DESCRIPTION OF WELL AND I Lease Name East Vacuum G/S Unit, Tract No. 2738 Location	A Well No. Pool Name, Including Pol 003 Vacuum G/	SA State, Radenak	
	Unit Letter <u>E</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>West</u>			
l		nship 1/-S Range	, INN."M,	Dea county
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS         Nette of Authorized Transporter of OIL IN or Condersate         Texas-New Mexico Pipeline         P. 0. Box 2528, Hobbs, NM 88240         P. 0. Box 2528, Hobbs, NM 88240			
	Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Ac		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762	
	If well produces oil or liquids,     Unit     Sec.     Twp.     Ege.     Is gas actually connected?     When       give location of tanks.     A     28     17-S     35-E     Yes     12-1-78			
	f this production is commingled with that from any other lease or pool, give commingling order number:			
14.	COMPLETION DATA Designate Type of Completio	n - (X) Date Compl. Ready to Prod.	New Well Workover Deepen	Plug Back   Same Res'v. Diff. Res'v. P.B.T.D.
	Date Spudded Elevations (DF, RNB, 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
		1		
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 allowable for this depth or be for full 24 hours) OIL WELL			
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lif	, e(c.)
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	011-Bbls.	Water - Bbls.	Gas-MCF
	GAS WULL Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate
	Trailing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
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.		O.dg. Signed by	
	Fourier in the state complete to the	~	TITLE	og.l.
	Elizabee		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly dilled or deepend well, this form must be accompanied by a tabulation of the deviation well, this form must be accordance with NULE 111.	

tests taken on the well in

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 multiply consistent wells.