	DISTRIBUTION SANTA FE	NEW MEXICO OIL CONSERVATION COMP ON Form C-104					
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE IRANSPORTER GAS						
1.	OPERATION OFFICE Operator Operator Operator						
	Phillips Petroleum Company						
	4001 Penbrook St., Odessa, Texas 79762 Reason(s) for filing (Check proper box) Other (Please explain)						
	New Well Change in Transporter of:						
	Recompletion CII Dry Gas Condensate Relocation of tank battery						
	If change of ownership give name			Refocation of	L LUIR DALLETY		
	and address of previous owner						
11.	Lease Name East Vacuum G/SA	ormation		Kind of Lease Lease No.			
	Unit, Tract No. 2801 008 Vacuum G/SA Sta			State, Padera	<u> </u>		
	Unit Letter M; 660 Feet From The West Line and 660 Feet From The South						
	Line of Section 28 Towns	thip 17–S Range	35 - E	, NMPM,	Lea	County	
ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Neine of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Texas-New Mexico Pipelin	P. O. Box 2528, Hobbs, NM 88240					
	Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)					
	Phillips Petroleum Company 4001 Penbrook St., Odessa, TX 79762 If well produces oil or liquids, give location of tarks. Unit Sec. Twp. Ege. Is gas actually connected? When 12-1-78						
	If this production is commingled with	and the second se	Yes give comminglin		12-1-78		
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Wo	rkover Deepen	Plug Back Same Re	s'v. ¹ Diff. Res'v.	
	Designate Type of Completion Date Spudded	ate Compl. Ready to Prod.	Total Depth		P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	ame of Producing Formation	Top Oil/Gas Pe	Ŷ	Tubing Depth		
	Perforations				Depth Casing Shoe		
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DE	PTH SET	SACKS CE	MENT	
	•				l		
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)						
		Date of Test	Producing Metho	od (Flow, pump, gas lif	(t, elc.)		
	Length of Test	Tubing Pressure	Casing Pressure	ð	Choke Size		
	Actual Pred. During Tost C	011-Bbls.	Water-Bbls.		Gas-MCF	·	
	I		l		<u> </u>		
	GAS WELL Actual Prod. Test-MCF/D	ength of Test	Bbis. Condensa	te/MMCF	Gravity of Condensat	•	
	Testing Method (pitot, back pr.) 7	ubing Pressure (Shut-in)	Casing Pressure	(Shut-in)	Choke Size		
VI.	CERATECATE OF COMPLIANCE	2		OIL CONSERVA	TION COMMISSIC)N	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED				
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by BYJohn Runyan				
			TITLE Geologist				
	Elas_	Fluchage			This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or despend		
	(Signatura)		well, this form must be accompanied by a tarriation of the deviation of th				
	<u>Clerical and Services S</u>	All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.					
	9-4-80 (Date)			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 w	ella.			