1.	NO. OF COPIES ALCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OFEFATOR PROPATION OFFICE Operator PHILLIPS PETROLEU Address 4001 Penbrook Stru Reason(s) for filing (Check proper box) New We!! Recompletion Change in Ownership give name	REQUEST F AUTHORIZATION TO TRAN M COMPANY eet, Odessa, Texas 7976 Change in Transporter of: Cil Dry Gus Casinghead Gas Condens	Other (Please explain) Orde of lease name beca Formerly: New Mexic	er No. 5871 Change use of Unitization. co State K #11	
If change of ownership give name and address of previous owner Exxon Co., U.S.A., P.O. Box 1600, Midland, Texas 79702 II. DESCRIPTION OF WELL AND LEASE					
64.	Lezee Name East Vacuum GB- Unit Tract No. 2801				
• •	Location			······································	
	Unli Letter J; 1980 Feet From The South Line and 1980 Feet From The East				
	Line of Section 28 Tow	mship <u>17-S</u> Range	<u> 35-Е , ммрм, Lea</u>	County	
IN.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oli Texas-New Mexico Pipe		P.O. Box 2528, Hobbs, M	1.M. 88240	
	Name of Authorized Transporter of Cas Phillips Petroleum Com		Address (Give address to which approved 4001 Penbrook St., Odes		
	It well produces oil or liquids,	Unit Sec. Twp. Pge.	Is gas actually connected? When		
	give location of tanks.	ve location of tarks. N 28 178 35E 100			
If this production is commingled with 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 Resty, Dill. Resty.	
	Designate Type of Completic	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		I	Depth Casing Shoe	
TUBING, CASING, AND CEMENTING RECORD			CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
		•			
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 to able for this depth or be for full 24 hours)				id must be equal to or exceed top allow-	
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
			Water - Bble.	Gas - MCF	
	Actual Prod. During Test	Oll-Bbis.		,	
	GAS WELL Actual Frod. Teet-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pressure (Shut-in)	Choke Size	
				TION COMMISSION	
VI	CERTIFICATE OF COMPLIANCE		DEC 28 1978		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.		Orig. Signed by		
			Dist 1, Sup		
			TITLE This form is to be filed in compliance with MULE 1104.		
Sillit		If this is a request for allowable for a newly drill		able for a newly drilled or deepened and by a tabulation of the deviation	
	(Signature) PRODUCTION CLERICAL SUPERVISOR (Title) (Z-1-78		All sections of this form must be filled out completely for sllow- sble on new and recompleted wells.		
	(Date)		well neme or number, or transporte	the filed for each pool in multiply	
			Separate Forme Critic Andre States		