B.	uo. of copies becclived   DISTRIBUTION   SANTA FE   FILE   U.S.G.S.   LAND OFFICE   IRANSPORTER   OIL   TRANSPORTER   OPERATOR   PROPATION OFFICE   Operator   PHILLIPS PETROLEU   Address   4001 Penbrook Str   Resson(s) for filing (Check proper box, New We!!   Recompletion   Change in Ownership [x]	REQUEST AUTHORIZATION TO TRA M COMPANY reet, Odessa, Texas 797	Other (Please explain) Or of lease name be Formerly:	Form C-104 Superseders Old C-104 and (-11) Ellective 1-1-65 GAS der No. 5871 Change cause of Unitization. ico State K #14
	If change of ownership give name and address of previous owner	Exxon Co., U.S.A., P.O	. Box 1600, Midland, Tex	as 79702
<b>II</b> .	DESCRIPTION OF WELL AND Lease Name East Vacuum GB- Unit Tract No. 2801 Location Unit Letter L ; 660	SA Zell No. Pool Name, Including Fo 014 Vacuum GB-SA	VVVV	KXXXX
	Line of Section 28 Township 17-S Range 35-E , NMPM, Lea County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oil 🕱 or Condensate 🗌 Texas-New Mexico Pipe Line Name of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas 🗍 Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, Texas 79762	
	If well produces oil or liquida, aive location of tanks.	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe Yes	and the second
	If this production is commingled wit	N 28 175 35E		
1V.	COMPLETION DATA Designate Type of Completio	n - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
	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 Depih
	Perforations	L	1	Depth Casing Shoe
	TUBING, CASING, AND CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE		SACKS CEMENT
<b>v</b> .	TEST DATA AND REQUEST F( OIL WELL Date First New Oil Run To Tanks	DR ALLOWABLE (Test must be a) able for this de Date of Teet	fter recovery of total volume of load oil ( pth or be for full 24 hours) Producing Method (Flow, pump, gas lif	and must be equal to or exceed top allow-
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Qil-Bbis.	Water - Bbis.	Gas - MCF
	· · ·		<u> </u>	]
ļ	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bbie. Condensate/MMCF	Gravity of Condensate
	Teating Method (pitot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERVA	TION COMMISSION
	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.		APPROVED DEC28 1978,, 19	
Signature) PRODUCTION CLERICAL SUPERVISOR		PERVISOR	This form is to be filed in compliance with MULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. Fill out only Sactions 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.	
	(Tille) <u>(Date)</u>			