, I.	NO. OF COPIES ALCEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL TRANSPORTER OIL GAS OPEDATION OFFICE Operator PHILLIPS PETROLEL Address 4001 Penbrook Str Resson(s) for filing (Check proper box New Well	REQUEST AUTHORIZATION TO TRA M COMPANY ceet, Odessa, Texas 797	Other (Please explain) Or	der No. 5871 Change
	Recompletion Cil Dry Gas of lease name because of Unitization. Change in Ownership [x] Casinghead Gas Condensate Formerly: Shell State-N #1 If change of ownership give name and address of previous owner Shell Oil Company, P. O. Box 1509, Midland, Texas 79702			
11.	DESCRIPTION OF WELL AND Lease Name East Vacuum GB- Unit Tract No. 2819 Location Unit Letter <u>B</u> 660		A State, XXX	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
	Name of Authorized Transporter of Oll Texas-New Mexico Pipe Name of Authorized Transporter of Can	Line	Address (Give address to which appro P.O. Box 2528, Hobbs, Address (Give address to which appro	N.M. 88240
	Phillips Petroleum Con		4001 Penbrook St., Od Is gas actually connected?	lessa, Texas 79762
	If well produces oil or liquida, give location of tanks.	G 28 17-S 35-E	Yes	12-1-78
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same fies'y, Diff. Res'y,			
	Designate Type of Completio	$\operatorname{on} - (X)$		
	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 Depth Casing Shoe			
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
		1		
v.		DR ALLOWABLE (Test must be a)	fter recovery of total volume of load oil ophics of total volume of load oil ophics (see the second	and must be equal to or exceed top allow-
	Oll. WFI.L Adde for this depth or de for fuil 24 hour Date First New Oll Run To Tanks Date of Test Producing Method (Flo			ft, etc.)
	Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oli-Bbis.	Water-Bbis.	Gas+MCF
!		<u> </u>	<u> </u>	j
1	GAS WELL Actual Prod. Test-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
-	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.		Jerry Sexton	
			BY	
	E la S		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepened wall this form must be accompanied by a tabulation of the deviation	
	(Signature)			
	PRODUCTION CLERICAL SI		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow able on new and recompleted wells. FML out only Sections 1. II. 111, and VI for changes of owner, well many or number, or transporter, or other such changes of condition Separate Forms C-104 must be filed for each pool in multiply completed wells.	
	/2-/-7 (Da	78		