DISTRIBUTION UNTA FE ILE J.S.G.S. LAND OFFICE IRANSPORTER OPERATOR	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL C	Form C-104 Supersedes Old C-104 and (-1) Elloctive 1-1-65 GAS
Operator Operator			
PHILLIPS PETROLE	JM COMPANY		
	reet, Odessa, Texas 797	762	
Reason(s) for filing (Check proper box New We!] Recompletion Change in Ownership X	Change in Transporter of: Cil Dry Ga Casinghead Gas Conder	of lease name bed	der No. 5871 Change cauge of Unitization. ips ²⁵ State #2
If change of ownership give name and address of previous owner	Pennzoil Company, P. O	. Box 1828, Midland, Tex	as 79702
II. DESCRIPTION OF WELL AND Lesse Name East Vacuum GB- Unit Tract No. 2865 Location Unit Letter F ; 231		State, AXXX	KXXXX B-2498
Line of Section 28 To	wnship 17-S Range	35-Е , МАРМ, Le	a County
III. DESIGNATION OF TRANSPOR Name of Authorized Transporter of Old Texas-New Mexico Pipe Name of Authorized Transporter of Ca Phillips Petroleum Cor If well produces oil or liquids,	Ine Singhead Gas X or Dry Gas	S Address (Give address to which approv P.O. Box 2528, Hobbs, Address (Give address to which approv 4001 Penbrook St., Odd Is gas actually connected?	N.M. 88240 Jed copy of this form is to be sent) essa, Texas 79762
give location of tarks.	A = 28 + 17-S + 35-E th that from any other lease or pool,		12-1-78
IV. COMPLETION DATA Designate Type of Completin Date Spudded Elevations (DF, RKB, RT, GR, etc.,	Date Compl. Ready to Prod.	New Well Workover Deepen Total Depth Top Oil/Gas Pay	Plug Back Same Restv. DHI, Restv. P.B.T.D. Tubing Depth
Perforations		1	Depth Casing Shoe
	TUBING CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	OEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST F OIL WELL Date First New Oil Run To Tanks		fter recovery of total volume of load oil (pth or be for full 24 hours) Producing Method (Flow, pump, gas iif	and must be equal to or exceed top allou- (1, etc.)
Length of Teet	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Teet	Cil-Bbia.	Water - Bbla.	Gas-MCF
	<u> </u>	<u> </u>	<u> </u>
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Presswe(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 compiled with and that the information given abave is true and complete to the best of my knowledge and beiter.		BY Orig. Signed Dy Jerry Sexton TITLE Dist. J. Supt.	
J.E. William		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature) PRODUCTION CLERICAL SUPERVISOR (Title) (Dute)		If this is a request for allowable for a newly drived or deepend well, this form must be accompanied by a tabulation of the deviation tasks taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for sllow able on new and recompleted wells. Fill out only Sections I, 11, 111, 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 multiple completed wells.	