	NO. DF COPILS RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPEF/TOR PROFATION OFFICE	. REQUEST I	ONSERVATION COMMULION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C+104 Supersedes Old C+104 and C+134 Effective 1+1+65 GAS
Operator Phillips Petroleum Company Address 4001 Penbrook St., Odessa, Texas 79762 Other (Please explain) Reason(s) for filing (Check proper box) New Well Change in Transporter of: Recompletion Cii Change in Ownership Casinghead Gas Change in Ownership Casinghead Gas				
	If change of ownership give name PH and address of previous ownerPH DESCRIPTION OF WELL AND I	JEASE		
	Lease Name East Vacuum G/S Unit, Tract No. 2923 Location Unit Letter D ; 660	Feet From The West Line	Company Destant	
Line of Section 29 Township 17-5 Hange INMESS, Loca III. 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 b Neine of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to b Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approved copy of this form is to b Phillips Petroleum Company 4001 Penbrook St., Odessa, TX 79762				oved copy of this form is to be sent) NM 88240 oved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit Sec. Twp. Pge. Is gas actually connected? When If well production of tanks. J 19 17-S 35-E No 9-02-80 If this production is commingled with that from any other lease or pool, give commingling order number: Image: Commingled with that from any other lease or pool, give commingling order number: Image: 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 Restry.				9-02-80
	Designate Type of Completio Date Spudded Elevations (DF, RKB, RT, GR, etc.)	n — (X) Date Compl. Ready to Prod. Name of Producing Formation	Total Depth Top Oil/Gas Pay	P.B.T.D. Tubing Depth
	Perforations TUBING, CASING, AND CI HOLE SIZE CASING & TUBING SIZE		CEMENTING RECORD	Depth Casing Shoe SACKS CEMENT
v.	TEST DATA AND REQUEST-F(DR ALLOWABLE (Test must be a)	ter recovery of total volume of load or	il and must be equal to or exceed top allow-
	OII. WF.I.L able for this depth or be for full 24 hours) Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	Oli-Bbis.	Water • Bbls.	Gas-MCF
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Traiing Mothed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI.	CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		OIL CONSERVATION COMMISSION APPROVED	
	Complete the best of my knowledge and belief. bove is true and complete to the best of my knowledge and belief. (Signature) Clerical and Services Supervisor (Title)		BY	
	(Duir)		If wall name or riuniber, or transp	orter, or other such change of condition