

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Phillips Petroleum Company

Address 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box):  
 New Well  
 Recompletion  
 Change in Ownership  
 Change in Transporter of:  
 Oil  
 Custardhead Gas  
 Dry Gas  
 Condensate

Other (Please explain) Effective Date 1-1-86

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Vacuum G/SA</u>	Well No. <u>054</u>	Pool Name, including Formation <u>Vacuum G/SA</u>	Kind of Lease <u>State</u>	Lease No. <u>B-1501</u>
Unit, Tract No. <u>2923</u>			State, Federal or Fee <u>State</u>	
Location				
Unit Letter <u>C</u>	<u>1983</u> Feet From The <u>West</u> Line and <u>710</u> Feet From The <u>North</u>			
Line of Section <u>29</u>	Township <u>17-S</u>	Range <u>35-E</u>	<u>NMPM</u> Lea	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

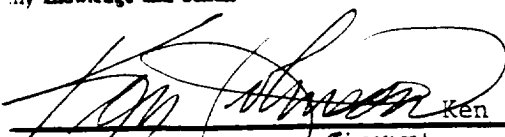
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline</u>	<u>P.O. Box 2528, Hobbs, N.M. 88240</u>
Name of Authorized Transporter of Custardhead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Phillips 66 Natural Gas Company GPM Gas Corporation</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>29</u> Twp. <u>17S</u> Rng. <u>35E</u>	<u>Yes</u> <u>12-1-78</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

  
Ken Johnson  
 (Signature)  
Production Records Supervisor  
 (Title)  
January 24, 1986  
 (Date)

OIL CONSERVATION DIVISION

APPROVED MAR 1 9 1986, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
 DISTRICT I SUPERVISOR

TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 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 RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections 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 multi-completed wells.

**RECEIVED**  
**FEB 24 1986**  
**O.C.D.**  
**HOBBS OFFICE**