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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION  
**REQUEST FOR ALLOWABLE  
 AND  
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
 Supersedes Old C-104 and C-105  
 Effective 1-1-65

**I. Operator**  
**PHILLIPS PETROLEUM COMPANY**

**Address**  
 4001 Penbrook Street, Odessa, Texas 79762

**Reason(s) for filing (Check proper box)**

New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>	Other (Please explain) Order No. 5871 Change of lease name because of Unitization. Formerly: New Mexico State K #6
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner: **Exxon Co., U.S.A., P.O. Box 1600, Midland, Texas 79702**

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>East Vacuum GB-SA</b>	Well No. <b>006</b>	Pool Name, including Formation <b>Vacuum GB-SA</b>	Kind of Lease State, <b>XXXXXXXXXX</b>	Lease No.
Unit Tract No. <b>3202</b>				

**Location**  
 Unit Letter **P**; **660** Feet From The **East** Line and **662** Feet From The **South**  
 Line of Section **32** Township **17-S** Range **35-E**, NMPM, **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"/> <b>Texas-New Mexico Pipe Line</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 2528, Hobbs, N.M. 88240</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips Petroleum Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook St., Odessa, Texas 79762</b>
If well produces oil or liquids, give location of tanks.	Unit <b>J</b> Sec. <b>32</b> Twp. <b>17S</b> Rge. <b>35E</b>
Is gas actually connected? <b>Yes</b>	When <b>12-1-78</b>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	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, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		

**TUBING, CASING, AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

**GAS WELL**

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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 above is true and complete to the best of my knowledge and belief.

*E. M. Deane*  
 (Signature)  
**PRODUCTION CLERICAL SUPERVISOR**  
 (Title)  
 12-1-78  
 (Date)

**OIL CONSERVATION COMMISSION**

APPROVED **DEC 28 1978**, 19\_\_\_\_

BY **Jerry Sexton**  
 (Signature)  
**Dist 1, Supv.**  
 (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 multiple-completed wells.