1.	NO. OF COMPT ALCLIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OPERATOR PROPATION OFFICE	REQUEST	CONSERVATION COMMIS FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-106 and (1) Ellective 1-1-65	
	Operator PHILLIPS PETROLEUM COMPANY				
	Address 4001 Penbrook Street, Odessa, Texas 79762				
	Reason(s) for liling (Check proper box) New Well Change in Transporter of: Other (Please explain) Order No. 5871 Change				
	Recompletion Cit Dry Gas of lease name because of Unitization.				
	If change of ownership give name				
	and address of previous owner	Exxon Co., U.S.A., P.O	. Box 1600, Midland, Texa	as 79702	
11.	DESCRIPTION OF WELL AND	LEASE	ormation Kind of Lease	Lease No.	
	Unit Tract No. 3202	012 Vacuum GB-S.			
		1980 Feet From The East Lin	ne and <u>1988</u> Feet From T	he South	
		ownship 17-S Bange	<u>35-Е , ммри,</u> Lea	County	
IП.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA			
	Name of Authorized Transporter of O Texas-New Mexico Pipe	11 🔀 or Condensate	Address (Give address to which approv		
	None of Authorized Transporter of Casinghead Gas X or Dry Gas		P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)		
	Phillips Petroleum Co	Unit Sec. Twp. Pge.	4001 Penbrook St., Ode is gas actually connected? , whe		
	give location of tanks. J 32 175 35E Yes 12-1-78				
	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 Hes'y, 'Diff. Bes'y,				
	Designate Type of Completi Date Spudded	Date Compl. Ready to Prod.			
			Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations			Depth Casing Shoe	
	HOLESIZE	TUBING, CASING, ANI	D CEMENTING RECORD		
				SACKS CEMENT	
ν.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oll a	nd must be equal to or exceed top allow-	
i	OII, WEIL able for this depth or be for full 24 hours) Date First New OII Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)				
	Length of Test	Tubing Pressure	Casing Presewe	Choke Size	
	Actual Prod. During Test	Oll-Bbie.	Water-Bbls.	Gas-MCF	
	GAS WELL				
	Actual Frod. Teet-MCF/D	Length of Test	Bbis, Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitor, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
ا vı.	CERTIFICATE OF COMPLIAN	CE	OIL CONSERVA		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given abave is true and complete to the best of my knowledge and belief.		APPROVED DEC 28	1978	
			BY Orig. Signed by Jerry Sexton		
			TITLE Dist 1, Supve		
	Eln, Daes		This form is to be filed in co	ble for a newly drilled or deepened	
-	(Signature)		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.		
-	PRODUCTION CLERICAL SUPERVISOR		All sections of this form must be filled out completely for allow- shie on new and recompleted wells.		
-	(D)	(Date)		Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other auch change of condition	
	E Separate Forms C-104 must be filed for each pool in completed wells.			be filed for each pool in multiply	
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