	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER GAS OPET/TOR	TAFE NEW MEXICO OIL CONSERVATION COMPOSION REQUEST FOR ALLOWABLE AND S.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OFFICE OIL NSPORTER OIL			Supersed Elloctive	Form C +104 Supersedes Old C+104 and C+1 Ellective 1+1+65	
1.	PROFATION OFFICE Generation						
	Address Address						
	4001 Penbrook St., Odessa, Texas 79762 Reason(s) for filing (Check proper box) Other (Please explain)						
	New We!l Change in Transporter of: Recompletion Cil Dry Gas						
	Change in Ownership Casinghead Gas Condensate Relocation of tank battery						
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL AND LEASE						
	Lease Name East Vacuum G/SA Well No. Poel Name, Including Fo					Lease No.	
	Location (663]	
	Unit Letter 0; 662.5 Feet From The South Line and 1980 Feet From The East						
	Line of Section 32 To	wnship 17-S Range	35-Е , мм!	^э М,	Lea	County	
Ш.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 👔 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)						
	Texas-New Mexico Pipeline		P. O. Box 2528, Hobbs, NM 88240				
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762				
	If well produces cil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? When						
	I this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA Designate Type of Completion	Oil Well Gas Well	New Well Workover	r Deepen	Plug Back Same	Resty. Diff. Resty.	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u>1</u>	
	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				SACKS CEMENT		
		· · · · · · · · · · · · · · · · · · ·					
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v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow- oil, WELL						
	Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure	ng Preseure		Choke Size	
	Actual Pred. During Test	Oil-Bbis.	Water + Bbls.	· · · · · · · · · · · · · · · · · · ·	Gas - MCF	-	
	GAS WELL Actual Prod. Tost-MCF/D	Longth of Test	Bbls. Condensate/MM	CF	Gravity of Conden	Adle	
	Trating Mathed (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shu	t-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION APPROVED <u>SEP 1 1 1980</u> , 19			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED				
	above is true and complete to the best of my knowledge and belief.		S to Marine (
	\leq		TITLE				
	Else Signalure)		If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation				
	Clerical and Services Supervisor		tests taken on the well in accordance with RULE 111. All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.				
	9-4-80		Elli out oniv	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.			
	(Date)					a poot in multiply	
	skm						