	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE IRANSPORTER OIL GAS OPEINTOR	REQUEST	DNSERVATION COMP TON FOR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C+104 Supersedes Old C+104 and C+1; Elfective 1+1+65 AS	
1.	PROPATION OFFICE				
Operation Phillips Petroleum Company Address 4001 Penbrook St., Odessa, Texas 79762 Other (Please explain) Reoson(s) for filing (Check proper box)					
	New Well Change in Transporter of: Recompletion Cil Change in Ownership Casinghead Gas Condensate Relocation of tank battery				
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE				······	
	Lease Name East Vacuum G/SA	A Well No. Pool Name, Including Fo	Course Destroyed		
Unit, Tract No. 3328 001 Vacuum G/SA State, KAXXXXXX				J	
	Unit Letter M : 660 Feet From The South Line and 660 Feet From The West Line of Section 33 Township 17-S Range 35-E , NMPM, Lea Cou				
III.	I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be				
	Texas-New Mexico Pipeli	ne	P. O. Box 2528, Hobbs, Address (Give address to which approx	NM 88240 ved copy of this form is to be sent)	
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas		4001 Penbrook St., Odessa, TX 79762		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connected? Whe	n	
give location of tanks. J 32 17-S 35-E Yes				12-1-78	
IV.	If this production is commingled with COMPLETION DATA			Plug Back Same Res'v. Diff. Res'v.	
	Designate Type of Completio	n = (X) Gas Well Gas Well	New Well Workover Deepen		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Lievations (DP, RKB, RT, GR, elc.)			D. H. Outra Char	
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 (Test must be after recovery of total volume of load oil and must be equal to or exce able for this denth or be for full 24 hours)				
۷.	V. TEST DATA AND REQUEST FOR ALLOWINDED able for this depth or be for full 24 hours) OII. WELL				
	Date First New Cil Hun 10 1 anks				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Oil-Bbis.	Water - Bbls.	Gas-MCF .	
				j	
	GAS WULL				
	Actual Prod. Test-MCF/D	Length of Test	Bbls, Condensate/MMCF	Gravity of Condeneate	
	Teating Nathed (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	L CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION	
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19 BY		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BYGena Runyan		
			TITLE Geologist !		
	Elm Das		This form is to be filed in compliance with NULE 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 NULE 111. All soctions of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of condition. well name or number, or transporter, or other such change of condition.		
	(Signalura) Clerical and Services Supervisor				
	9-4-80				
	(1)	ale)	I wat name or fightost, of transport	et be filed for each pool in multiply	

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