	No. of copies acclived NEW MEXICO OIL CONSERVATION COMMIS Form C-104 DISTRIBUTION REQUEST FOR ALLOWABLE Supersedes Old C-104 and (-11) FILE AND Ellective (-1)-65 U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS IRANSPORTER OIL GAS OPEFLATOR PROPATION OFFICE DIL						Old C-104 and (-11	
	PHILLIPS PETROLEUM COMPANY							
	4001 Penbrook Street, Odessa, Texas 79762							
	Reason(s) for filing (Check proper box)							
	New Well	Change in Transporter of: Cit Dry Gas Formerly: Warn State A/C 3 #1						
	Change in Ownership X Casinghead Gas Condensate							
	f change of ownership give name Marathon Oil Company, P. O. Box 2409, Hobbs, New Mexico 88240							
11	ESCRIPTION OF WELL AND LEASE							
	Lesse Name East Vacuum GB-SA Well No. Pool Name, Including Form				Kind of Lease State, Addres	XXXX	B-1713	
	Unit Tract No. 3333	001 Vacuum GB-SA			<u> </u>			
	Unit Letter H : 1980 Feet From The North Line and 660 Feet From The East							
	Line of Section 33 To	wnship <u>17-S</u> Range	35-E	, NMPM	, Lea		County	
		TER OF OUL AND NATURAL GA!	s					
111.	Name of Authorized Transporter of Off		Aadress			ed copy of this form	1	
	Texas-New Mexico Pipe Line			P.O. Box 2528, Hobbs, N.M. 88240 Address (Give address to which approved copy of this form is to be sent)				
	Phillips Petroleum Company			4001 Penbrook St., Odessa, Texas 79762				
	If well produces oil or liquida,	Unit Sec. Twp. P.go. G 33 17-S 35-E	ls gas o	ctually connect Yes	ed? When	n 12-1-78		
	give location of tarks. G 33 17-S 35-E 165 12 170							
IV.	COMPLETION DATA	Oil Well Gas Well	New We		Deepen	Plug Back Same	e Res'v. Ditt. Res'v.	
	Designate Type of Completi		Total D			P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	1 oral D	epin				
	Elevations (DF, RKB, KT, CR, etc.)	Name of Producing Formation	Top Oil	/Gas Pay		Tubing Depth		
	Perforations Depth Casing Shoe							
		TUBING, CASING, AND	CENE	TING RECO	RD			
	HOLE SIZE			DEPTH SET		SACKS CEMENT		
		•						
			<u> </u>		ume of load all t	and must be equal t	o or exceed top allow-	
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- able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks	Date of Test	Produc	ing Method (r to	ω, ρ <u>μ</u> πρ, ε σι τη			
	Length of Test	Tubing Pressure	Casing	Pressure		Choke Size		
	Actual Prod. During Teet	Oil-Bbie.	Water -	Bble.		Gas-MCF		
			1			<u></u>		
	GAS WELL					Gravity of Conde		
	Actual Frod. Test-MCF/D	Length of Test	Bble. (Condensate/MM	CF	Gravity of Conde		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing	Pressure (Shu	t-in)	Choke Size		
			╢		CONSERVA	TION COMMI	SSION	
VI	CERTIFICATE OF COMPLIA	NCE			.ΙΔΝ 1	19 70 s		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.			APPROVED Orig Signed by BY Jerry Sector TITLE Dis 1. Sugn				
			BY_					
	J.E. Wilson (Signature)			This form is to be filed in compliance with RULE 1104. If this is a request for sliowable for a newly drilled or deepeneit well, this form must be accompanied by a tabulation of the deviation taken on the well in accordance with RULE 111.				
	PRODUCTION CLERICAL SUPERVISOR			All sections of this form must be filled out completely for sllow- able 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 multiply completed wells.				
	(Dute)							
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