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•	DISTRIBUTION				
	SANTA FE		ONSERVATION COMMISSION	Form C-104	
	FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and (-11 Effective 1-1-65	
	U.S.G.S.		AND ANSPORT OIL AND NATURAL GA		
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL GA	72	
	IRANSPORTER GAS OPERATOR PROPATION OFFICE				
1.					
	PHILLIPS PETROLEUM COMPANY				
	Address				
	4001 Penbrook Str				
	Reason(s) for filing (Check proper box)		Other (Please explain) Ord	er No. 5871 Change	
	New Well	Change in Transporter of:	of lease name bec	ause of Unitization.	
	Recompletion Cii Dry Gas Formerly: Skelly P State #2				
Change in Ownership [X] Casingneda Gas Condensate					
	and address of previous owner	Getty Oil Company, P. O	. Box 1351, Midland, Texa	<u>s 79702</u>	
	-				
II.	II. DESCRIPTION OF WELL AND LEASE				
	Lesse Name East Vacuum GB-	SA Well No. Pool Hame, Including F	1	Lease No.	
	Unit Tract No. 3308 002 Vacuum GB-SA State, KXXXXXXX B-				
	Unit Letter C; 660 Feet From The North Line and 2200 Feet From The West				
	Line of Section 33 Township 17-S Range 35-E , NMPM, Lea County				
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Nome of Authorized Transporter of Oll 🕱 or Condensate 🗌 Address (Give address to which approved copy of this for Texas-New Mexico Pipe Line P.O. Box 2528, Hobbs, N.M. 8824					
	Nome of Authorized Transporter of Casinghead Gas 🕱 or Dry Gas 🔂 Address (Give address to which approved copy of this form is to				
	Phillips Petroleum Com	ipany	4001 Penbrook St., Ode	ssa, Texas 79762	
	If well produces oil or liquids, Unit Sec. Twp. Pge. Is gas actually connected? When				
give location of tarks. C 33 17-S 35-E Yes				12-1-78	
	If this production is commingled with	th that from any other lease or pool,	give commingling order number:		
IV.	COMPLETION DATA				
		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Hesty. Dill. Resty.	
	Designate Type of Completic	$n - (\lambda)$			
	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	
	Perforations			Depth Casing Shoe	
	TUBING, CASING, AND		CEMENTING RECORD		
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of socal volume of load oil ar	nd must be equal to or exceed top allow-	
••	OIL WELL able 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, stc.)				atc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Oil-Bbis.	Water - Bble.	Gaa • MCF	
	GAS WELL				
	Actual Frod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size	
			<u> </u>		
VI.	CERTIFICATE OF COMPLIANO	RTIFICATE OF COMPLIANCE		1978	
			∥ D FC 2.8	13/8	
	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.		APPROVED Orig. Signed B		
			- Sexton		
			BY Jerry Sexton Dist 1, Sugn		
				TITLE	
			This form is to be filed in compliance with RULE 1:04.		
	C. M. Azoo		This form is to be filed in Co	ble for a newly drilled or deepened	
	TIC MI ME		it wall this form must be accompany	led by a tappietton of the destart.	
	(Signature)		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 allow- able on new and recompleted wells.		
	PRODUCTION CLERICAL SUPERVISOR				
	(Tille)				
	(Z-1-	(Date)		Fill out only Sactions I. 11. 117, and VI for changes of swiner, well name or number, or transporter, or other such change of condition Separate Forms C-104 must be filed for each pool in multiply	
	(Da				
			romnieted welle.		
			Constant and Constant		