;;	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS	TA FE REQUEST FOR ALLOWABLE E AND G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS ID OFFICE GAS				d C-104 and C-1; iS	
I.	OPERATION OFFICE Operator						
	Phillips Petroleum Company Address						
	4001 Penbrook St., Odessa, Texas 79762 Reoson(s) for filing (Check proper box) Other (Please explain)						
	New Well	as ensale Re1	Relocation of tank battery				
	If change of ownership give name and address of previous owner						
п.	DESCRIPTION OF WELL AND I						
	Lease Name East Vacuum G/SA Well No. Pool Name, Including For Unit, Tract No. 3467 044 Vacuum G/ Location			Kind of Lease State, Rederatory		B-2519	
	Unit Letter <u>H</u> ; 1650 Feet From The North Line and 990 Feet From The East						
		mship 17-S Bange	35-E , NMPN	1,	Lea	County	
HI.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OI Or Condersate Address (Give address to which approved copy of this form is to be sent)						
	Nerre of Authorized Transporter of Off Texas-New Mexico Pipeli	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240					
	Name of Authorized Transporter of Casinghead Gas 🔀 of 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 oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connect		n		
give location of tarks. I 33 17-S 35-E Yes 12-1-78 If this production is commingled with that from any other lease or pool, give commingling order number:						<u></u>	
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.	
	Designate Type of Completion		Tatel Death	8 9 	P.B.T.D.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		F.B.1.U.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth		
	Perforations	L			Depth Casing Shoe		
				CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEM	IENT	
	4		1				
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)						
	Date First New Cil Run To Tanks	Date of Test	Producing Method (Flot	w, pump, gas lift	, etc.)		
	Length of Test	Tubing Pressure	Casing Pressure		Cheke Size		
	Actual Pred, During Test	Oil-Bbis.	Water - Bbls.		Gas - MCF		
		L					
	GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMC	F	Gravity of Condensate		
	Teating Mathed (pirot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in)	Choke Size		
VJ.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION SEP 1 1 1980				
	1 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.		BYJohn Runyan				
			TITLE Geologist				
	Clerical and Services	This form is to be filed in compliance with NULE 1104. 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 tests taken on the well in accordance with NULE 111. All soctions of this form must be filled out completely for show-					
	2 - 4 - 80 (Date)		All motivities of inplated 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.				