	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER GAS OPED/TOR	REQUEST	AL CONSERVATION COMPANIENT EST FOR ALLOWABLE Supersedes Old C-104 and C-1 AND Effective 1-1-65 TRANSPORT OIL AND NATURAL GAS						
1.	PROPATION OFFICE Coperator								
	Phillips Petroleum Company · · · · · · · · · · · · · · · · · · ·								
	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				elocation of tank battery				
	If change of ownership give name and address of previous owner				····				
11.	DESCRIPTION OF WELL AND I								
	Lease Name East Vacuum G/SA Well No. Pool Name, Including For Unit, Tract No. 3440 003 Vacuum G/S							XXX B-1845	
	Location							.,	
			• and 35-E		_ Feet From T	_			
	Line of Section 34 Tow	mship 17-S Range		, NMPM,			ea	County	
Ш.	DESIGNATION OF TRANSPORT		S Address (	Give address to	which approv	ed copy of t	his form is t	o be sent)	
	Texas-New Mexico Pipeline P. O. Box 2528, Ho				, Hobbs,	bs, NM 88240			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Address (Give address to which approx Phillips Petroleum Company 4001 Penbrook St., Ode								
	If well produces oil or liquids,	vell produces oil or liquids, Unit Sec. Twp. Ege. Is gas actually connected? Whe							
	If this production is commingled wit		give comm		number:		. 70		
IV.	COMPLETION DATA	Cil Well Gas Well	New Well	Workover	Deepen	Plug Back	Same Res	'v. Diff. Res'v.	
	Designate Type of Completio	Date Compl. Ready to Prod.	I Total Dep	oth	!	P.B.T.D.	1 	·	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top O!!/C	Cat Day		Tubing De	oth		
							· · · · · · · · · · · · · · · · · · ·		
	Perforations					Depth Casing Shoe			
	TUBING, CASING, AND			CEMENTING RECORD			SACKS CEMENT		
			DEFTRISET						
	•								
	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								
v.	<b>TEST DATA AND REQUEST FOR ALLOWABLE</b> (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 WFIL								
	Date - Het New Cl. Hun 10 Tanks								
	Length of Test	Tubing Pressure	Casing Pr	656W8		Choke Size	)		
	Actual Pred. During Test	Oil-Bbls.	Water - Bb	16.		Gas • MCF			
	I		I			!			
	GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Con	denaate/MMCF		Gravity of	Condensate	<u></u>	
	Testing Helbod (pitot, back pr.)	Tubing Pressure ( Shut-in )	Casing Pr	secure (Shut-	in)	Choke Size	······		
	CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATI			1980	1930, 19		
	Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								
~	SIR			This form is to be filed in compliance with RULE 1104.					
<	S. C.M. See			If this is a request for allowable for a newly drilled or despend of this is a request be accompanied by a tabulation of the deviation					
	<u>Clerical and Services Supervisor</u>			tests taken on the well in accordance with HULE 111. All motions of this form must be filled out completely for allow-					
	9-4-8	30	nble on	able on new and recompleted wells. Fill out only Sections I, II. III, and VI for changes of own well name or number, or transporter, or other such change of conditi					
	(Dat		well na Se	nie or number. perate. Forme	, or transport	er, or other	auch chang	s of conditions of in multiply	
	aj		l complet	ied wells.					