1.	NO. OF COPIES RECEIVED         DISTRIBUTION         SANTA FE         FILE         U.S.G.S.         LAND OFFICE         IRANSPORTER         OIL         TRANSPORTER         OIL         PROPATION OFFICE         Operator         PHILLIPS PETROLEI         Address         4001 Penbrook Sta         Reason(s) for filing (Check proper box         New We!!         Recompletion         Change in Ownership X	AUTHORIZATION TO TR AUTHORIZATION TO TR UM COMPANY reet, Odessa, Texas 79 Change in Transporter of: Cil Dry G	of lease name be	der No. 5871 Change cause of Unitization.
11.	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND Lease Name East Vacuum GB-	Chevron USA Inc., P. O. LEASF -SA Vell No. Pool Name, Including F	Box 1660, Midland, Texa	• Leave No.
111.	Line of Section 34 Tor DESIGNATION OF TRANSPORT	003 Vacuum GB-S <u>30</u> Feet From The West Lin wnship <u>17-S</u> Range <u>TER OF OIL AND NATURAL G</u>	ne and <u>996</u> Feet From <sup>-</sup> <u>35-Е , NMPM, Lea</u> <b>15</b>	The South
	Name of Authorized Transporter of Oil Texas-New Mexico Pipe Name of Authorized Transporter of Can Phillips Petroleum Con If well produces oil or liquids,	Line singhead Gas 🔀 or Dry Gas 🗍	Address (Give address to which approv P.O. Box 2528, Hobbs, Address (Give address to which approv 4001 Penbrook St., Od 1s gas actually connected?	N.M. 88240 ved copy of this form is to be sent) essa, Texas 79762
IV.	give location of tanks. If this production is commingled with COMPLETION DATA Designate Type of Completic Date Spudded	K 27 17S 35E th that from any other lease or pool,	Yes	Plug Back Same Res'v. Dill. Bes'v.
	Elevations (DF, KKB, RT, GR, etc., Perforations	Name of Producing Formation	Top Oil <b>/Gas Pay</b>	Tubing Depth Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
<b>v</b> .	Image: Contract and 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 of Test			
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Bbis.	Casing Preseure Water-Bbis.	Choke Size Gas-MCF
	GAS WELL Actual Frod. Test-MCF/D	Length of Test	Bble, Condensate/MMCF	Gravity of Condensate
] ۷۱. (	ERTIFICATE OF COMPLIANCE		Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION	
•	t hereby certify that the rules and re Commission have been compiled wi above is true and complete to the	ith and that the information given	BY Orig. Signed by BY Jerry Sexton TITLE Dist 1, SupVs This form is to be filed in compliance with BULE 1104.	
(Signature) PRODUCTION CLERICAL SUPERVISOR (Title) (Date)			If this is a request for allowable for a newly drilled or deepend 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 naw 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 filled for each pool in multiply completed wells.	