

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65
HOBBS OFFICE C. C. C.
FEB 9 12 54 PM '67

Operator Phillips Petroleum Company	
Address Phillips Building - Odessa, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Unitization - Effective 2-1-67 R-3180; R-3181
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner **Std. Oil Co. of Texas - State 6-34 No. 6**

Lease Name Vacuum Abo Unit, Tract 10		Well No. 6	Pool Name, Including Formation Vacuum Abo Reef	Kind of Lease State, Federal or Fee State
Location Unit Letter L ; 1650 Feet From The south Line and 330 Feet From The West Line of Section 34 , Township 17S Range 35E , NMPM, Lea County				

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas-New Mexico Pipe Line Company		Address (Give address to which approved copy of this form is to be sent) Box 1510 - Midland, Texas		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) Phillips Building - Odessa, Texas		
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 34	Twp. 17S	Rge. 35E
Is gas actually connected?		When NR		

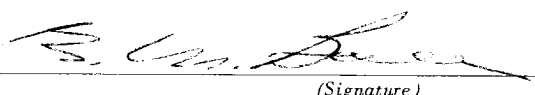
If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.					
Pool	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				

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

I 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.	OIL CONSERVATION COMMISSION APPROVED _____, 19_____ BY _____ TITLE _____ This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened 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 allowable on new and recompleted wells. Fill out Sections I, II, III, and VI only 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.
 (Signature) Region Office Supervisor (Title) January 30, 1967 (Date)	