	DISTRIBUTION DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE IRANSPORTER OIL GAS OPEFATOR PROPATION OFFICE	REQUEST	CONSERVATION COMMIT	Form C-104 Supersedes Old C-104 a Ellective 1-1-65 NL GAS	». 2nd (+1)
I.	Operator PHILLIPS PETROLEUM COMPANY				
	Address				
	4001 Penbrook Street, Odessa, Texas 79762 Reason(s) for filing (Check proper box)				
	Reason(s) for filing (Check proper box) Other (Please explain) Order No. 5871 Change New We!! Change in Transporter of: Other (Please explain) Order No. 5871 Change Recompletion Cil Dry Gas Of lease name because of Unitization. Change in Ownership X Casinghead Gas Condensate Formerly:				<u>.</u>
	If change of ownership give name and address of previous owner				
11.	DESCRIPTION OF WELL AND Lease Name East Vacuum GB- Unit Tract No. 3456 Location	LEASE -SA Well No. Pool Name, Including F 004 Vacuum GB-SA			• 140. 73
	34	1980 Feet From The North Lin			
111	Law	TER OF OIL AND NATURAL GA	,	<u>i</u> C	ounty
••••	Name of Authorized Transporter of Oil	1 X or Condensate	Address (Give address to which a	oproved copy of this form is to be sent	i)
	Texas-New Mexico Pipe Name of Authorized Transporter of Ca		P.O. Box 2528, Hobt Address (Give address to which a	os, N.M. 88240	<u>.</u>
	Phillips Petroleum Cor	mpany Unit Sec. Twp. Rge.	4001 Penbrook St.,	Odessa, Texas 79762	
	If well produces oil or liquids, give location of tanks.	D 34 17S 35E	Yes	12-1-78	
IV.	If this production is commingled wi COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
	Designate Type of Completio	on - (X)	New Well Workover Deepen	Plug Back Same Restv. Diff.	Res'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
	Perforations	1	, <u>,, , , , , , , , , , , , , , , , , , </u>	Depth Casing Shoe	
	TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	TEST DATA AND REQUEST F			oil and must be equal to or exceed top	p allow-
i	OII, WELL Date First New OII Bun To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, ga	s lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-8bis.	Water - Bbls.	Gas+MCF	
	GAS WELL Actual Frod. Test-MCF/D	Longth of Test	Bbis. Condensate/MMCF	Gravity of Condensate	· 7
	Testing Method (pitot, back pr.)	Tubing Preseure(shut-in)	Casing Pressure (Shut-in)	Choke Size	
	CERTIFICATE OF COMPLIANCE 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 beat of my knowledge and belief.		OIL CONSERVATION COMMISSION		
			BY Drig. Signed by BY Jerry Sexton TITLE Dist 1, Supv.		
-	J.E. Wilson		This form is to be filed in compliance with RULE 1104.		
	PRODUCTION CLERICAL SU	(Signature) DUCTION CLERICAL SUPERVISOR (Title)		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 sliow- able on new and recompleted wells.	
-	{Dat	(0)	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- Separate Forms C-104 must be filed for each pool in multip completed wells.		artion
<i>.</i>	1997 - * -				