NO. OF COPIES RECEIVED DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OIL GAS OPEFATOR PRORATION OF FICE	REQUEST	FOR ALLOWABLE AND ANSPORT OIL AND NATURAL GAS	Form C+104 Supersedes Old C-104 and C+110 Effective 1-1-65
Operator Phillips Petroleum Com	ipa hy		
Address 4001 Penbrook St., Od	0000 Morres 70760		
Reason(s) for filing (Check proper box	-	Other (Please explain)	
New Well	Change in Transporter of:	Change of Lease Na Formerly Phillips	
Change in Ownership	Casinghead Gas Conde		Sante re 40
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND	LEASE	· · · · · · · · · · · · · · · · · · ·	
East Vacuum GB-SA Uni	Well No. Pool Name, Including F		Lease No.
Location Tract 3568			
Unit Letter D : 660	Feet From The NLir	ne and <u>660</u> Feet From The	W
Line of Section 35 Tov	mship 17 S Range	<u> 35 Е , ммрм, Lea</u>	, County
DESIGNATION OF TRANSPORT			
Name of Authorized Transporter of Oil Texas New Mexico Pipe		Address (Give address to which approved c	
Name of Authorized Transporter of Cas	inghead Gas 🕎 🛛 or Dry Gas 🗔	P. O. Box 2528 Hobbs, Ne Address (Give address to which approved c	W Mexico 88240 opy of this form is to be sent)
Phillips Petroleum Co	mpany Unit Sec. Twp. P.ce.	4001 Penbrook St., Odessa	, Texas 79762
If well produces oil or liquids, give location of tanks.	D 35 17 S 35 E		
If this production is commingled wit . COMPLETION DATA	h that from any other lease or pool,	give commingling order number:	
Designate Type of Completio	n - (X)	New Well Workover Deepen Plu	ig Back Same Restv. Diff. Restv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth P.I	B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tui	bing Depth
	· · · · · · · · · · · · · · · · · · ·		
Perforations		De	pth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a) able for this de	<pre>(ter recovery of total volume of load oil and m pth or be for full 24 hours)</pre>	nust be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc	:.)
Length of Test	Tubing Pressure	Casing Pressure Cha	oke Size
Actual Pred. During Test	OII-Bbla.	Water - Bbls. Ga	- MCF
GAS WELL			
Actual Pred. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF Gra	rvity of Condensate
Testing Nethod (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) Cho	oke Size
CERTIFICATE OF COMPLIANC	E	OIL CONSERVATIO	N COMMISSION
I hereby certify that the rules and re Commission have been complied wi above is true and complete to the	ith and that the information given	APPROVED MAY 191	
BRuch J. B. Rush		TITLE ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUFERVISOR This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened	
(Signature) Production Records Supervisor		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-	
(Ville) May 6, 1983 (Date)		able on new 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 filed for each pool in multiply	