8.	wo. of conics mitting DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL PROPATION OFFICE Cperator Phillips Petrole Address 4001 Penbrook SI Reoson(s) for filing (Check proper box) New We!1 Recompletion Change in Ownership	REQUEST F	Other (Please e	xplain)	Effective 1-1-6	C-104 and C+1;0
	If change of ownership give name and address of previous owner DESCRIPTION OF WELL AND I	JEASE		ind of Lease		Lease No.
	Lease Name East Vacuum G/S. Unit, Tract No. 2717	A Well No. Fool Name, Including Fo 001 Vacuum G/		tate, Raderator	XXX	B-1404-2
	Location Unit Letter I : 1980 Feet From The South Line and 660 Feet From The East					
			55-Е <u>, ммрм,</u>		Lea	County
111	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	5			
	Neme of Authorized Transporter of Oil Texas-New Mexico Pipeli:	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528. Hobbs, NM 88240				
	Nome of Authorized Transporter of Casinghead Gas 🔀 or Dry Gas 🗌		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762			
	Phillips Petroleum Comp. If well produces cil or líquids,	Is gas actually connected? When				
	give location of tarks. F 26 17-S 35-E Yes 12-1-78					
IV.	COMPLETION DATA	Oil Well Gas Well	Naw Well Workover		Plug Back Same Res	w. Diff. Restv.
	Designate Type of Completio	n - (X) , Date Compl. Ready to Prod.	Total Depth	 	P.B.T.D.	
			Top Oll/Gas Pay		Tubing Depth	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Depth Casing Shoe	
	Perforations					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD	1	SACKS CEM	IENT
	•					
	THE AND PROVEST P	DRAITOWARLE (Test must be al	l fter recovery of total volum	e of load oil an	d must be equal to or e	exceed top allows
ν.	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 able for this depth or be for full 24 hours) OII. WFIL Date of Test Date First New Cil Bun To Tanks Date of Test					
		Tubing Pressure	Casing Pressure		Choke Size	
	Length of Test		Water - Bbls.		Gas - MCF	
	Actual Pred. During Test	Oil-Bbls.	Wdter - Dbis.			
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size	
VI	CERTIFICATE OF COMPLIANCE	 CE	OIL C			N
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED SEP 11 1980 19			
	Commission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.		BYJoha Runyan Geologist			
	(Signature) Clerical and Services Supervisor		This form is to be filed in compliance with NULE 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 NULE 111. All soctions of this form must be filled out completely for sllow- able on new and recompleted wells.			
	<u>7-4-80</u>	Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.				