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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OF	ICE
Operator	

FILE U.S.G.S. LAND OFFICE		FOR ALLOWABLE OF THE O	
I RANSPORTER OIL GAS OPERATOR PRORATION OFFICE Operator			
Phillips Petr	coleum Company		
Phillips Buil	ding - Odessa, Texas	Other (Please explain)	
Reason(s) for filing (Check proper	Change in Transporter of: Oil Dry:	Unitization -	Effective 2-1-67
If change of ownership give nam and address of previous owner	e Shell Oil Corp State	nwn No. 2	
II. DESCRIPTION OF WELL AN	ND LEASE		
Lease Mame	Well No. Pool I	Name, Including Formation	Kind of Lease State, Federal or Fee State
Vacuum Abo Unit, I	Fract 5 2 Vac	Teen odd muus	50450
Unit Letter 0	990 Feet From The south	line and 2195 Feet From	The <b>east</b>
Lune of Section 26	Township 178 Range	35E , NMPM,	Lea County
Line of Section 20 ,	Township 1/D Range		
III. DESIGNATION OF TRANSPO	ORTER OF OIL AND NATURAL O	Address (Give address to which appro-	ned copy of this form is to be sent)
I Name of Authorized Transporter Of			, , , , , , , , , , , , , , , , , , , ,
Name of Authorized Transporter of <b>Texas-New Mexico</b>	Pipe Line Company	Box 1510 - Midland, Te	exas
Texas-New Mexico	Pipe Line Company  f Casinchead Gas 3 or Dry Gas	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc	exas  ved copy of this form is to be sent)
Texas—New Mexico I  Mame of Authorized Transporter of  Phillips Petroleum  If well produces oil or liquids,	Pipe Line Company  f Casinchead Gas 3 or Dry Gas	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc  Is gas actually connected?  Wh	exas ved copy of this form is to be sent) lessa, Texas
Texas-New Mexico I liame of Authorized Transporter of Phillips Petroleum  If well produces oil or liquids, qive location of tanks.	Pipe Line Company  f Casinghead Gas are or Dry Gas are Tompany  Unit Sec. Twp. Rge. M 26 17S 35	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Ox  Is gas actually connected? Wh  Yes	exas  ved copy of this form is to be sent)  lessa, Texas  en
Texas-New Mexico I  Name of Authorized Transporter of  Phillips Petroleum  If well produces oil or liquids, qive location of tanks.  If this production is commingled  IV. COMPLETION DATA	Pipe Line Company  f Casinchead Gas  or Dry Gas    m Company  Unit  Sec.  Twp.  Rge.   M  26  178  35  d with that from any other lease or poor	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc  Is gas actually connected?  Yes  In give commingling order number:	exas  ved copy of this form is to be sent)  lessa, Texas  en
Texas-New Mexico I  Mame of Authorized Transporter of  Phillips Petroleum  If well produces oil or liquids,  give location of tanks.  If this production is commingled	Pipe Line Company  f Casinchead Gas  or Dry Gas    m Company  Unit  Sec.  Twp.  Rge.   M  26  178  35  d with that from any other lease or poor	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc  Is gas actually connected?  Yes  In give commingling order number:	exas  ved copy of this form is to be sent)  lessa, Texas  en  NR  Plug Back   Same Res'v.   Diff. Res'v.
Texas-New Mexico I  Name of Authorized Transporter of  Phillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled  IV. COMPLETION DATA	Pipe Line Company  f Casinchead Gas  or Dry Gas    m Company  Unit  Sec.  Twp.  Rge.   M  26  178  35  d with that from any other lease or poor	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc  Is gas actually connected?  Yes  In give commingling order number:	exas  ved copy of this form is to be sent)  lessa, Texas  en  NR
Phillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled to the complete of the complete	Pipe Line Company  f Casinchead Gas a cr Dry Gas a cr Dry Gas a Company  Unit Sec. Twp. Rge. 17S 35.  Id with that from any other lease or pool to the company of the lease or pool to the company of the lease or pool to	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Oc  Is gas actually connected? Wh  Yes  Ol, give commingling order number:  New Well Workover Deepen	exas  ved copy of this form is to be sent)  lessa, Texas  en  NR  Plug Back   Same Res'v.   Diff. Res'v.
Texas-New Mexico I  Itame of Authorized Transporter of Phillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled IV. COMPLETION DATA  Designate Type of Complements Spudded	Pipe Line Company  f Casinchead Gas a or Dry Gas a Company  Unit Sec. Twp. Rge.  M 26 17S 35  d with that from any other lease or pool  letion — (X)  Date Compl. Ready to Prod.	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Ox  Is gas actually connected? Wh  Yes  Ol, give commingling order number:  New Well Workover Deepen  Total Depth	exas  ved copy of this form is to be sent)  lessa, Texas  en  NR  Plug Back   Same Res'v.   Diff. Res'v.
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Name of Authorized Transporter of Phillips Petroleum  If well produces oil or liquids, give location of tanks.  If this production is commingled IV. COMPLETION DATA  Designate Type of Complement of	Pipe Line Company  Coasinchead Gas or Dry Gas or Dry Gas or Company  Unit Sec. Twp. Rge.  M 26 178 35.  d with that from any other lease or pool  letion — (X)  Date Compl. Ready to Prod.  Name of Producing Formation  TUBING, CASING, A  CASING & TUBING SIZE  T FOR ALLOWABLE (Test must b able for this	Box 1510 - Midland, Te  Address (Give address to which appro Phillips Building - Ox  Is gas actually connected? Wh  Yes  In give commingling order number:  New Well Workover Deepen  Total Depth  Top Oil/Gas Pay	Plug Back   Same Res'v.   Diff. Res'v.   P.B.T.D.   Tubing Depth   Depth Casing Shoe   SACKS CEMENT    and must be equal to or exceed top allow

Choke Size Casing Pressure Tubing Pressure Length of Test Gas - MCF Water-Bbls. Oil-Bbls. Actual Prod. During Test

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

## VI. 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 best of my knowledge and belief.

(Signature) Region Office Supervisor

(Title)

January 30, 1967

(Date)

OIL CONSERVATION COMMISSION

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.