	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OF FICE TRANSPORTER OIL GAS OPEN/TOR		CONSERVATION COM T FOR ALLOWABLE AND RANSPORT OIL AND	Supersedes Effective 1-	Form C+104 Supersedes Old C+104 and C+1 Effective 1+1+65		
I	PROPATION OFFICE		*****				
	Phillips Petroleum Company						
	Address 4001 Penbrook St., Odessa, Texas 79762						
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Weil Change in Transporter of: Recompletion Cil Dry Gas						
	Change in Ownership Casinghead Gos Condensate Relocation of tank battery						
	If change of ownership give name and address of previous owner						
11	DESCRIPTION OF WELL ANI	D LEASE					
	Lease Name East Vacuum G/SAWell No. Pool Name, Including FUnit, Tract No. 2717006Vacuum G					Lease No.	
	Location			•		<u> </u>	
	Unit Letter P; 9	190 Feet From The South L		Feet From Th	• <u>East</u>		
	Line of Section 27 T	ownship 17-S Range	35-Е , ммрм		Lea	County	
m.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil International or Condensate Address (Give address to which approved copy of this form is to be sent)						
	Texas-New Mexico Pipel	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)					
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St., Odessa, TX 79762				
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Is gas actually connecte	ed? When			
	If this production is commingled with that from any other lease or pool, give commingling order number:						
IV.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Same H	esty, Diff. Resty.	
	Designate Type of Completi Date Spudded	Date Compl. Ready to Prod.	Total Depth		Р.В.Т.D.		
					. .		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations		1	Depth Casing Shoe			
		D CEMENTING RECOR	·				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	.τ	SACKS CE	MENT	
¥.	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) Date First New Cil Run To Tanks Date of Test						
	Date First New Cil Run To Tanks Date of Test		Producing Method (Flow, pump, gas lift, etc		etc.)		
	Longth of Tost	Tubing Pressure	Casing Pressure	Casing Pressure Chok		hoke Size	
	Actual Pred. During Tost	Oil-Bbis.	Water-Bbl s .	c	as-MCF		
ļ					<u></u>	j	
[GAS WELL Actual Prod. Test-MCF/D	Longth of Test	Bbls. Condensate/MMCF	G	ravity of Condensate	•	
	Trating Mathed (pitol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-	10)	hoke Size		
	CER (IFICATE 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 bellef.		OIL CONSERVATION COMMISSION				
4			BYJohn Runyan				
· · · · · · · · · · · · · · · · · · ·			John Runyan TITLE Geologist				
<	51. K			This form is to be filed in compliance with NULE 1104.			
<	(Signature)		If this is a request for allowable for a newly dilled 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 silow-				
	Clerical and Services Supervisor						
-	7-4-80		able on new and recompleted wells. Fill out only Sections I. II. III, and VI for changes of owner.				
	(Date)		well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for such pool in multiple convicted wells.				
		,	completed wells.				