	NO. OF COPIES RECEIVED DISTRIBUTION SANT /. FE FILE U.S.G.S.	REQUEST F	NSERVATION COMMISS OR ALLOWABLE AND NSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C+110 Effective 1-1-65 AS
1.	LAND OFFICE OIL GAS OPERATOR PRORATION OFFICE			
	Phillips Petroleum Company Address			
	Reoson(s) for filing (Check proper box) Other (Please explain)			
	New Well	Change in Transporter of:		
	Recompletion Change in Ownership	Oil Dry Gas Casinghead Gas Condens	F (
	If change of ownership give name and address of previous owner			
П.	DESCRIPTION OF WELL AND I	LEASE Well No. Pool Name, Including Fo	Kind of Lease	Lease No.
	Lease Name Lea	24 Vacuum, North	******	
	Location		e and 660 Feet From T	he east
	Unit Letter P; 660	Feet From The south Line		he
	Line of Section 21 Tow	mship 17=5 Range 31	4-Е _{, NMPM} , Lea	County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil X or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X or Condensate Pox 000 Dallas Texas 75221			
	Mobil Pipe Line Corporation Name of Authorized Transporter of Cas	ation-Trucks Inghead Gas X or Dry Gas	Box 900, Dallas, Texas Address (Give address to which approx	
	Phillips Petroleum Com	pany	Room 711, Phillips Bldg	
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		5-9-72
	If this production is commingled wit		give commingling order number:	
IV.	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. 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 Oil/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				•
			for recovery of rotal volume of load ail	and must be equal to or exceed top allow-
V	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) OIL WELL Date of Test Date First New Oil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas - MCF
	Actual Prod. Saining Past		•	
	GAS WELL			
	Actual Prod. Test+MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Testing Method (pitot, back pr.)	Tubing Pressure (Ehut-in)	Casing Pressure (Ehut-in)	Choke Size
VI	A. CEPTIFICATE OF COMPLIANCE		OIL CONSERVA	ATION COMMISSION
			APPROVED JUN 1 6 1972	
	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.		Unig. Spart	
	above is true and complete to th	e best of my showledge and series	TITLE Geologist	
			This form is to be filed in compliance with RULE 1104.	
	S. Co. Dece E. M. Ball		If this is a request for allowable for a newly drilled or deepened	
	(Signature) Production Clerical Supervisor		All sections of this form must be filled out completely for allow-	
	(Tit!e)		sble on new and recompleted wells.	
	6-14-72 (Date)		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	
			Separate Forms C-104 mus completed wells.	er ne itten tot secti hoot itt underlyd



REEVED

JUN 1 5 1072 UL CONSERVATION COMM. HODES, N. M.