I.	DISTRIBUTION SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OPET / TOR PROFATION OFFICE Computer Phillips Petrol	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND INSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C+17 Effective 1-1-85 AS
	Address 4001 Penbrook S Reason(s) for filing (Check proper box) New We:1 Recompletion Change in Ownership If change of ownership give name and address of previous owner	t., Odessa, Texas 79762 Change in Transporter of: Cil Dry Gas Casinghead Gas Conden	s	tank battery
IJ.	Lease Name East Vacuum G/S Unit, Tract No. 3203 32 Location	it, Tract No. 3203 3202 001 Vacuum G/SA State, REXEXEXEX A-1320 callon		
		manip 17-5 Range	35-Е , _{NMPM} ,	Lea County
	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GA Notice of Authorized Transporter of Cil X or Condensate Texas-New Mexico Pipeline Nome of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		S 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) 4001 Penbrook St., Odessa, TX 79762	
	If well produces all or liquids, give location of tanks.	Unit Sec. Twp. P.ge. J 32 17-S 35-E	Is gas actually connected? Whe Yes	
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: . COMPLETION DATA . OII Well Gas Well New Well Workover Deepen Plug Back Same Res'v.			
	Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.
	Date Spudded	Date Compl. Ready to Prod.	Top Oil/Gas Pay	Tubing Depth
	Elevations (DF, RKB, RT, GR, etc.) Performing	Name of Producing Formetion		Depth Casing Shoe
TUBING, CASING, AND CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
				· · · · · · · · · · · · · · · · · · ·
		DP AT LOWARIE (Test must be a	feet recovery of total volume of load all a	ind must be equal to or exceed top allow-
۷.	ITEST 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) DIL WEIL Date First New Cil Bun To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Test	011-Bbls.	Water - Bbl s.	Gae - MCF
				<u>]</u>
	GAS WULL Actual Prod. Teel-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Trating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sbut-in)	Choke Size
VI.	CERMIFICATE OF COMPLIAN	се СЕ	OIL CONSERVA	TION COMMISSION
	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.		APPROVED <u>GTD 1 1 1980</u> , 19 Orig. Signed by BY John Reinvan Geologist	
			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 allow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of ewner, well name or number, or transporter, or other such change of condition.	
	$\frac{G(m, \mathcal{G}_{ienature})}{(Signature)}$ Clerical and Services Supervisor $\frac{(Title)}{(Dute)}$			
	(Du	a, <i>j</i>	Separate Forma C-104 must be filed for each pool in multiply consuleted wells.	