	DISTRIBUTION SANTA FE FILE J.S.G.S.	REQUEST I	ONSERVATION COMM' ON FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-17 Effective 1-1-65 . GAS
1.	TRANSPORTER GIL GAS OPEFATOR PROPATION OFFICE Operator			
	Phillips Petroleum Company Address 4001 Penbrook St., Odessa, Texas 79762			
	Reason(s) for filing (Theck proper box) New Well Recompletion Change in Ownership	Change in Transporter of: Cil Dry Gas Casinghead Gas Conden:	Other (Please explain)	of tank battery
	If change of ownership give name and address of previous owner		K	<u> </u>
	DESCRIPTION OF WELL AND I Lease Name East Vacuum G/S. Unit, Tract No. 1910	A Well No. Pool Name, Including Fo	SA State, Red	B-1398
		0 Feet From The East Line	ала <u>2030</u> гестто 35-Е , NMPM,	Lea County
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S (C)	proved copy of this form is to be sent)
	Name of Authorized Transporter of Oil Texas-New Mexico Pipeli Name of Authorized Transporter of Cas Phillips Petroleum Comp	NC Ingheaa Gas 🔀 or Dry Gas 🗔	P. O. Box 2528, Hobbs Address (Give address to which app 400FFTeVE: 688 rugry, 100	5, NM 88240 proved copy of this form is to be sent)
	If well produces oil or liquids, give location of tanks.	J 19 17-S 35-E	Yes	5-3-80
IV.	If this production is commingled wit COMPLETION DATA Designate Type of Completio	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth
	Perforations			Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
v.		OR ALLOWABLE (Test must be a	fter recovery of total volume of load	oil and must be equal to or exceed top allow
	OIL WELL	able for this de Date of Test	pth or be for fall 24 hours) Producing Method (Flow, pump, ga.	
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Pred. During Tool	Cil-Bble.	Water - Bbls.	Gas - MCF
	GAS WELL Actual Prod. Tool-MCF/D	Longth of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Tratting Nothed (pitor, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (Shut-in)	Choke Size
VI	L CERAFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
	Thereby 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.			
	$\leq \ln \cdot \leq $		This form is to be filed in compliance with NULE 1104. If this is a request for allowable for a newly drilled or deepend well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111. All motions of this form must be filled out completely for allow- able on new and recompleted wells. Fill out only Sections I. H. III, and VI for changes of condition, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filled for each pool in multiple.	
			completed wella.	