	DISTRIBUTION SANTA FE		FOR ALLOWABLE	Form C +104 Supersedes Old C+104 and C+1; Elfoctive 1+1+65	
	U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
	TRANSPORTER OIL GAS				
1.	PROFATION OFFICE	1			
	Phillips Petroleum Company				
	Address 4001 Penbrook St., Odessa, Texas 79762				
	Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of:				
	Recompletion				
	Change in Ownership Casinghead Gas Condensate Relocation of tank battery				
	change of ownership give hame nd address of previous owner				
11.	DESCRIPTION OF WELL AND LEASE Lease Name East Vacuum G/SA Veil No. Pool Name, Including Formation Kind of Lease Lease			e Lease No.	
	Unit, Tract No. 3229	007 Vacuum G	State, fredera		
	Location Unit Letter K : 2600 Feet From The South Line and 2500 Feet From The West				
			35-Е , ммрм,	Lea County	
				······································	
111.	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)         Texas-New Mexico Pipeline       P. O. Box 2528, Hobbs, NM 88240         Name of Authorized Transporter of Casinghead Gas X       or Dry Gas         Address (Give address to which approved copy of this form is to be sent)         Phillips Petroleum Company GPM Gas Corporation EFFE Covers				
		Unit Sec. Twp. Bge.	1972 1001 Penbrook St., Ode Is gas actually connected?		
	If well produces oil or liquids, give location of tanks.	J 32 17-S 35-E	Yes	5-17-80	
IV.	f this production is commingled with that from any other lease or pool, give commingling order number: <u>COMPLETION DATA</u> Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff. Resty,				
	Designate Type of Completio				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RAB, RT, GR, etc.,	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations		<u></u>	Depth Casing Shoe	
		······	CEMENTING RECORD	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
v.	. TEST DATA AND REQUEST FOR ALLOWABLE       (Test must be after recovery of total volume of locid cil and must be equal to or exce able for this depth or be for full 24 hours)         OII, WFIL				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Pred. During Test	Oll-Bbls.	Water - Bbls.	Gas•MCF	
	GAS WULL	Length of Test	Bbls, Condensate/MMCF	Gravity of Condensate	
	Trating Mothod (pirot, back pr.)	Tubing Pressure (Shut-in )	Caeing Pressure (Shut-in)	Choke Size	
VJ.	CERAFICATE OF COMPLIANCE		OIL CONSERVATION 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, 19,		
			APPROVED		
			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 silow- able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such changes of condition.		
	Elustre				
	(Supration) Clerical and Services Supervisor				
	9 d Strike				
	7-7-00 (Date)				
	skm		Separate Forms C-104 must be filed for each pool in multiply completed wells.		