

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Phillips Petroleum Company

Address 4001 Penbrook, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<u>Effective 1-1-86.</u>
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Centrifugal Gas <input type="checkbox"/> Condensate	

Other (Please explain)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>East Vacuum</u>	Well No. <u>003</u>	Pool Name, including Formation <u>Vacuum GB/SA</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>B-2245</u>
Location				
Unit Letter <u>F</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u>				
Line of Section <u>19</u> Township <u>17-S</u> Range <u>35-E</u> NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

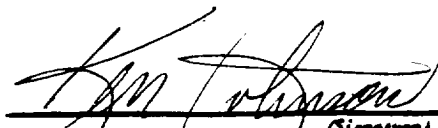
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Texas-New Mexico Pipeline</u>	<u>P.O. Box 2528, Hobbs, NM 88240</u>
Name of Authorized Transporter of Centrifugal Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>GPM Gas Corporation</u>	<u>4001 Penbrook St., Odessa, Tx 79762</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>Unit: J Sec: 19 Twp: 17-S Rng: 35-E</u>	<u>Yes 3-28-82</u>

If this production is commingled with that from any other lease or pool, give commingling order number _____

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.


Ken Johnson
(Signature)
Production Records Supervisor
(Title)
January 24, 1986
(Date)

OIL CONSERVATION DIVISION
MAR 1 2 1986
APPROVED _____, IS
BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
TITLE _____

This form is to be filed in compliance with RULE 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 RULE 111.
All sections 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 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
completed wells.

RECEIVED
FEB 24 1986
O.C.D.
HOBBS OFFICE