

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRICT OFFICE	
SANTA FE	
FILE	
MAILS	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/>
	<input type="checkbox"/>
OPERATOR	
PRODUCTION OFFICE	

Operator  
Highland Production Company

Address  
810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761.

Reason(s) for filing (Check proper box) Other (Please explain)

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input checked="" type="checkbox"/>	Condensate <input type="checkbox"/>

**Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)**

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco Federal	Well No. 2	Pool Name, including Formation East Mason (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. LC068281A
Location Unit Letter <u>J</u> ; <u>1662</u> Feet From The <u>East</u> Line and <u>2310</u> Feet From The <u>South</u> Line of Section <u>19</u> T. <u>26</u> South Range <u>32</u> East, 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"/> Koch Services, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1558, Breckenridge, TX. 76024			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762			
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 19	Twp. 26-S	Rge. 32-E
	Is gas actually connected? <input checked="" type="checkbox"/> When _____			

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

IV. COMPLETION DATA

Designate Type of Completion -- (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 3-22-87	Date Compl. Ready to Prod. 4-14-87		Total Depth 4368		P.B.T.D. 4306			
Elevations (DF, RKB, RT, GR, etc.) 3170.5 GR	Name of Producing Formation Delaware		Top Oil/Gas Pay 4301		Tubing Depth 4251			
Perforations 4301 - 4304		7 shots .043		Depth Casing Shoe 4313				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4	8 5/8		1274		650			
7 7/8	5 1/2		4313		800			
	2 3/8		4251					

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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-14-87	Date of Test 4-15-87	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hours	Tubing Pressure 120#	Casing Pressure 30 #	Choke Size 12/64
Actual Prod. During Test	Oil - Bbls. 44	Water - Bbls. 22	Gas - MCF 30

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

HIGHLAND PRODUCTION COMPANY, Operator

Johnnye L. Nance  
Johnnye L. Nance (Signature)  
Assistant Secretary (Title)  
April 20, 1987 (Date)

OIL CONSERVATION DIVISION

APR 23 1987

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 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 allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of ownership, name or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filed for each pool in multiple-completed wells.

