

OIL CONSERVATION DIVISION

P. O. BOX 2080  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DATE OF FILING	
DISTRIBUTION	
TABLE #	
FILE	
U.S.S.	
LAND OFFICE	
TRANSPORTER	OIL
	NAT
OPERATION	
PRODUCTION OFFICE	

I. OPERATOR  
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 type="checkbox"/>	Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Conoco Federal</u>	Well No. <u>4</u>	Pool Name, including Formation <u>East Mason (Delaware)</u>	Kind of Lease State, Federal or Fed <u>Federal</u>	Lease No. <u>LC068281A</u>
Location Unit Letter <u>0</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>1662</u> Feet From The <u>East</u>				
Line of Section <u>19</u> Township <u>26 South</u> Range <u>32 East</u> , NMDM, <u>Lea</u> 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"/> <u>Conoco, Inc</u>	Address (Give address to which approved copy of this form is to be sent) <u>Drawer 1267, Ponca City, Oklahoma 74601</u>			
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips 66 Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>19</u>	Twp. <u>26-S</u>	Rge. <u>32-E</u>
	Is gas actually connected? <u>yes</u>		When <u>2/24/88</u>	

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 <u>12/18/87</u>	Date Compl. Ready to Prod. <u>2/24/88</u>		Total Depth <u>4293</u>			P.B.T.D. <u>4293</u>		
Elevations (DF, RKB, RT, GR, etc.) <u>3173.425</u>	Name of Producing Formation <u>Delaware</u>		Top Oil/Gas Pay <u>4284</u>			Tubing Depth <u>4254</u>		
Perforations <u>4284 to 4293 Open Hole</u>			Depth Casing Shoe <u>4284</u>					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<u>12 1/4</u>	<u>8 5/8</u>	<u>1220</u>	<u>650</u>
<u>8 7/8</u>	<u>5 1/2</u>	<u>4284</u>	<u>800</u>

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 <u>2/24/88</u>	Date of Test <u>3/18/88</u>	Producing Method (Flow, pump, gas lift, etc.) <u>Flowing</u>	
Length of Test <u>24 hours</u>	Tubing Pressure <u>80#</u>	Casing Pressure <u>-0-</u>	Choke Size <u>14/64</u>
Actual Prod. During Test	Oil-Bbls. <u>2</u>	Water-Bbls. <u>20</u>	Gas-MCF <u>4</u>

GAS WELL

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

ILLEGIBLE

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.

Marvin L. Smith (Signature)  
President  
March 28, 1988 (Date)

OIL CONSERVATION DIVISION  
APPROVED APR 21 1988, 19\_\_\_\_  
BY Paul Keutz Signed by  
TITLE Geologist

This form is to be filed in compliance with RULE 1105.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviated 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 Form C-104 must be filed for each pool in multiple completed wells.

RECEIVED

APR 15 1968

CCD  
MOBBS OFFICE