Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico inergy, Minerals and Natural Resources Depar

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR									
TO TRANSPORT OIL				ATURAL GA	Well API No.					
Highland Production Company				30-025-08262						
Address 810 N. Dixie Blvd., S Reason(s) for Filing (Check proper box)	Suite 202, Odes	sa, Texas	79761-2	.838 her (Please expl	11n) /		· · · · · · · · · · · · · · · · · · ·			
New Well	Change in Ti	. —				/ / /	641			
Recompletion \Box	Oil	ory Gas U	EFF	ESTIVE	1 /11/		77/			
Change in Operator If change of operator give name	Casinghead Oas	Direction [·				_	
and address of previous operator										
II. DESCRIPTION OF WELL										
Lease Name Well No. Pool Name, Including Russell "19" Federal 2 Mason Dela				"				.ease No. 68281-A		
Russell "19" Federal		mason ber	aware, r	101 CH			1 10 0	00201 11	_	
Unit Letter K	: 1980 Fe	eet From The $\frac{S}{}$	outh Lir	e and 198	30 F	ect From The _	West	Line		
Section 19 Townshi	p 26 South R	ange 32 Ea	st ,N	MPM,	Lea			County		
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	or Condensate	• 🗀	Address (Gi	re address in wh	ich approved	copy of this fo	rm is to be so	ent)		
Enron Corporation				P. O. Box 1188, Houston, Texas 77251						
Name of Authorized Transporter of Casinghead Gas				Address (Give address to which approved copy of this form is to be sent)						
Phillips 66 Natural Gas Company Well produces oil or liquids Unit Sec. Twp. Rge.				4001 Penbrook, Odessa, Texas 79762, Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	1 - 1	6S 32E	Yes	<i>y</i> C (300)	1	2/1/60				
If this production is commingled with that i	1			ber:						
IV. COMPLETION DATA				,_			<u> </u>			
Designate Type of Completion	1	Gas Well	İ	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.		Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay Tubing Depth					-	
Perforations						Depth Casing	Shoe	****		
	TUBING, CA	ASING AND	CEMENTI	NG RECORT)				-	
HOLE SIZE	CASING & TUBIN	DEPTHOUT			SACKS CEMENT					
Hote oree	Onomito di Vesimo									
									\dashv	
. TEST DATA AND REQUES	T FOR ALLOWAD	LE	L			1				
OIL WELL . (Test must be after re	ecovery of total volume of le	oad oil and must	be equal to or	exceed top all w	wilde for this	depth or he fo	r full 24 how	rs.)	,	
Date First New Oil Run To Tank	Date of Test	Producing Method of ion pump, gas lift, etc.								
length of Test	Tubing Pressure	Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.	Water - Bhis.			Gas- MCF					
GAS WELL	L		· · · · · · · · · · · · · · · · · · ·							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	sale MMCT		Gravity of Co	ndensate		٦	
						,			.	
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Press	re (Shut in)		Choke Size				
I. OPERATOR CERTIFICA	ATE OF COMPLI	ANCE			C [D] / /	TION 5	NACIO	\	_	
I hereby certify that the rules and regulations of the Oil Conservation				DIL CON:	oth VA	A HON L	1101010	אוי		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				A .	•					
is true and complete to the oest of my knowledge and belief.				Approved	<u></u>		·———		-	
KAMME L. MANNE							t geografia			
Sygnature				By A State of State o						
/Johnnye/L. Nance Secretary /Printed Name Title										
June 25, 1991 Date	915-332- Telephor									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.