

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

# OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Highland Production Company		Well API No. 30-025-20499
Address 810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761-2838		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

EFFECTIVE: July 1, 1991

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Russell "31" Federal	Well No. 1	Pool Name, Including Formation Battleaxe Delaware	Kind of Lease State, Federal or Fee	Lease No. LC-068281
Location Unit Letter <u>F</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1686</u> Feet From The <u>West</u> Line Section <u>31</u> Township <u>26 South</u> Range <u>32 East</u> , NMPM, Lea County				

EOI Energy Operating LP

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Enron Corporation	<input checked="" type="checkbox"/> Oil or Condensate	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1188, Houston, Texas 77251
Name of Authorized Transporter of Casinghead Gas Phillips 66 Natural Gas Company	<input type="checkbox"/> Effective 1-1-91	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   Sec.   Twp.   Rge. N   19   26S   32E	Is gas actually connected?   When? Yes

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	Gas Well	New Well	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, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

### 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

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

### VI. OPERATOR 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.

*Johnnye L. Nance*  
Signature  
Johnnye L. Nance Secretary  
Printed Name  
June 25, 1991 Date  
915/332-0275 Telephone No.

OIL CONSERVATION DIVISION

JUN 28 1991

Date Approved \_\_\_\_\_  
By ORIGINAL SIGNED BY JERRY DIXON  
DISTRICT I SUPERVISOR  
Title \_\_\_\_\_

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

- 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.