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

State of New Mexico Ei. 69, Minerals and Natural Resources Departmen

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

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

P.O. Box 2088

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

I.

Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator						Well	API No.			
Highland Production		30-025-21141								
Address 810 N. Dixie Blud.,	Suite	202. Od	lessa. Tex	as 79761						
Reason(s) for Filing (Check proper box)					ner (Please exp	lain)				
New Well	Oil	·	ransporter of:		i					
Recompletion	ad Gas Condensate									
If change of operator give name and address of previous operator	- 6									
II. DESCRIPTION OF WELL	AND LEA	ASE								
Lease Name		col Name, Includ	ing Formation			Kind of Lease		Lease No.		
RUSSELL Federal Location	/ /	East Maso	n (Dela	ware)	State	Federal or Fee	58281-B			
Unit LetterB	.:99	<i>15</i>	eet From The	<u> //</u> Lir	e and2=	<u> 32 </u>	eet From The	E	Line	
Section 20 Townshi	, 36-	- <u>S</u> <u>R</u>	ange 32	, N	мрм,	Lea			County	
III. DESIGNATION OF TRAN	SPORTE					,.,	 	 		
Name of Authorized Transporter of Oil	or Condensat		ŀ			copy of this form is to be sent)				
Phillips & Petroleum Name of Authorized Transporter of Casing	r Dry Gas	Address (Give address to whice			dessa, Texas 79762 approved copy of this form is to be sent)					
Phillips 66 Natural Ga	O1		4001 Penbrook, Odes							
If well produces oil or liquids,			Is gas actually connected?			When?				
give location of tanks.	I = G I		6-SL 32-E		L	l				
If this production is commingled with that I	rom any our	er lease or pox		ing order num						
Designate Type of Completion	· (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded		l. Ready to Pr	od.	Total Depth	1	<u></u>	P.B.T.D.		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.)	oducing Form	ation	Top OiVGas Pay			Tubing Depth				
Perforations							Depth Casing Shoe			
	Т	UBING, C.	ASING AND	CEMENTI	NG RECOR	lD_				
HOLE SIZE	SING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT				
. TEST DATA AND REQUES				J			·			
OIL WELL (Test must be after re	covery of tot		oad oil and must	* · 				ull 24 hour	s.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Land of Tod	Tubing Pres			Casing Press	ım		Choke Size	Choke Size		
Length of Test	ssure		Chaing Freeduite							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL			<u> </u>	<u> </u>						
Actual Prod. Test - MCF/D	Length of T	est		Bbls, Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
AT ODED ATOD CEDTURE	ATE OF	COMPLI	LANCE			······································	_i			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conscription				OIL CONSERVATION DIVISION						
Division have been complied with and that the Information given above					MAR 2 9 1989					
is true and complete to the best of my k	nowlodge and	d belief.		Date	Approve	d	IAILIII N A	.550		
//////////////////////////////////////										
Signature					By ORIGINAL SIGNED BY JERRY SEXTON					
<u> Marvin L. Smith</u>			sident			וע	ISTRICT I SUPI	EK 4120K		
Printed Name	015	Ti <i>/332/027</i>	tle 7.E	Title		****		··		
March 27 1080	715	73377071	, -)	1.1						

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.

Telephone No.

- 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.