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

## State of New Mexico Energy, Minerals and Natural Resources Depar-

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

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTRA	NSPORT (	OIL AND N		GAS	•		
Operator	•					Vell API No.		
Highland Production Company					_	30-025-21794		
Reason(s) for Filing (Check proper box,	Suite 202, Odess	sa. Texas		2838 Other (Flease ex				
New Well		Fransporter of:	L., (	zaiti ji jeate er	(Sales)	1		
Recompletion		Dry Gas 🗀	]					
Change in Operator	Casinghead Gas (	Condensate	EF	eecteve:	Jul	1.1991	<b>*</b>	
If change of operator give name and address of previous operator					· · · · · · · · · · · · · · · · · · ·			
II. DESCRIPTION OF WELI	ANDIFACE				=			
Lease Name	ool Name, Inclu	uding Formation			Kind of Lease   Lease No.			
Russell Federal		· ·			Kind of Lease State Federa or Fee LC-068281-B			
Unit LetterF	:1655F	eet From The _	North 1.	ine and 22	295	Teel From The West	Line	
Section 20 Townsh	nip 26 South R	ange 32 Ea	ast "i	NMPM,	Lea		County	
THE DESIGNATION OF THE LE		4 5 000 3 L 4 00000	•••	_				
III. DESIGNATION OF TRAP  Name of Authorized Transporter of Oil								
Enron Corporation	• 🗀	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 Casir	ighead Gas X TO	B-GILL	Address (G	BOX 1188, ive address to n	, Ho <u>usto</u>	on, Texas 7725 d copy of this form is lo b	<u> </u>	
Phillips 66 Natural G						Texas 79762	e seni)	
If well produces oil or liquids, give location of tanks,			. Is gas actua	lly connected?	When	1?		
		6S 32E	yes			/7/67		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or poo	d, give comming	ling order nun	iber:	- 14			
TV. COMIDETION DATA	Oil Well	Gas Well	New Well	Workover	1 1	1		
Designate Type of Completion	- (X)		1	1 Markovsk	Deepen	Plug Back   Same Res	v Diff Res'v	
Date Spudded	Date Compl. Ready to Pro	od.	Total Depth	.1	1	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forms	Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u> </u>			Depth Casing Shoe				
						To joir Casing Shoe		
	TUBING, CA	SING AND	CEMENTI	NG RECOR	1)	1		
HOLE SIZE	CASING & TUBING SIZE		DEPTHOUT			SACKS CEMENT		
		<del></del>						
				— s remain	# 11 to 14 to 14			
				<del>-</del> ···	*** ***			
. TEST DATA AND REQUES								
	covery of total volume of lo	ad oil and must	be equal to or	exceed top alles	withle for this	depth or he for full 24 he	nws.)	
Date First New Oil Run To Tank	Date of Test		Producing Method 11 tow pump, gas 14t,			(c.)		
ength of Test	Tables Basses		Casing Pressu	m.		Choke Size		
angui or i ca	Tubing Pressure		Casing Fresh			Choke Size		
ctual Prod. During Test	Test Oil - Bbls.		Water - Bhls.			Gas MCF		
-								
GAS WELL	a	<del></del>						
ctual Prod. Test - MCF/D	Length of Test		Bbls, Condens	ale MMCI		Gravity of Condensate		
						the my that thicknade		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressur	e (Shot in)		Choke Size		
I. OPERATOR CERTIFICA	TE OF COMBLIA	NCE						
			0	IL CONS	SERVA	TION DIVISION	NC	
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.			Date Approved					
Wm Reig								
Signature	2		Ву					
W. N. Rees Chairman of the Board Printed Name Title			•					
June 25, 1991 915/332-0275			Title					
Date	Telephone							
AND THE PARTY OF T	· · · · · · · · · · · · · · · · · · ·		<del>(                                    </del>			·		

## 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.