Subrait 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 882	Energy, Minerals a	nte of New Mexico and Natural Resources Dep or	Kevined 1-1-89	
DISTRICT II P.O. Drawer DD, Artesia, NM 882	OIL CONSE	OIL CONSERVATION DIVISION P.O. Box 2088		
DISTRICT III	Santa Fe, N	lew Mexico 87504-2088		
1000 Rio Brazos Rd., Aziec, NM I.	REQUEST FOR ALL	OWABLE AND AUTHORIZA	ATION S	
Operator Highland Product			Well API No.	
Address	· · · · · · · · · · · · · · · · · · ·	۲	30-025-22555	
Reason(s) for Filing (Check prope	/d., Suite 202, Odessa, 1 r box)	Texas 79761-2838		
New Well	Change in Transporter Oil X Dry Gas			
Change in Operator	Casinghead Gas Condensate	EFERCITYEL JU	1 1951	
If change of operator give name and address of previous operator			<u>y , , , , , , , , , , , , , , , , , , ,</u>	
II. DESCRIPTION OF W				
Russell Federal	Well No. Pool Name, 7 East M	Including Formation lason Delaware	Kind of Lease Lease No. Stale, Teckral or Fee LC-068281-1	
Unit Letter G		he North Line and 2330	Feet from The East Lin	
Section 20 To	MANDIZCERONIC Operating 12	East , NMPM,	Lea County	
III. DESIGNATION OF T Name of Authorized Transporter of	RANSPORTER OF DIEAND N	ATURAL GAS		
Enron Corporation	Hanen FOIT Exactory Com		pproved copy of this form is to be sent)	
Name of Authorized Transporter of	Casinghead Gas FIT or Dry Gas Cal Gas Company WG 1 1 93	Address (Give address to which a	ny oved copy of this form is to be sent)	
f well produces oil or liquids,		D. It	ssa, Texas 79762	
ve location of tanks.	G20 265 321	E Yes	<u>5/21/68</u>	
V. COMPLETION DATA	that from any other lease or pool, give com	mingling order number:		
Designate Type of Comple	tion - (X) Oil Well Gas We	II New Well Workover De	epen Plug Back Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		
erforations			Tuhing Depth	
			Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AN CASING & TUBING SIZE	VD CEMENTING RECORD	······································	
		DEPTH SET	SACKS CEMENT	
TEST DATA AND DEOL			· · · · · · · · · · · · · · · · · · ·	
LWELL . (Test must be aft	JEST FOR ALLOWABLE er recovery of local volume of locad oil and m	ust be equal to or exceed top allowable t	or this depth or he for full 24 hours)	
te First New Oil Run To Tank	Date of Test	Producing Method (Lins, pump, gas	lýt, etc.)	
ngth of Test	Tubing Pressure	Casing Pressure	Cheke Size	
ual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MC +	
AS WELL				
ual Prod. Test - MCF/D	Length of Test	Bbls, Condensate MMCT	Gravity of Condensale	
ing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut in)	Choke Size	
	CATE OF COMPLIANCE			
hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above s true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION	
JIMRees				
Signature W. N. Rees Chairman of the Board Printed Name		3.873 A	By ORIGINAL SARADS FOR THE SECTION	
	Title	II		
June 25, 1991	915-332-0275	Title		

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