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

State of New Mexico Energy, Minerals and Natural Resources Dep-

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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.	REC	UEST FO	OR ALLOY	WABLE AN OIL AND I	ID AUTHOI NATURAL (RIZATIOI GAS	Ν			
Operator Highland Deschool	erator Highland Production Company					Well API No				
Address:		30-025-24708								
810 N. Dixie Blvd., Reason(s) for Filing (Check proper bo	_Suite 2 *)	<u>02, Ode</u>	ssa, Tex		-2838 Other (Please ex					
New Well			Transporter of:			,	•			
Recompletion	Oil		Dry Gas		FEATINE	14/1	1, 1991			
If change of operator give name and address of previous operator	Casinghe	id Car 📋	Condensate ,			Jerry_	1, 1, 1, 1,	· · · · · · · · · · · · · · · · · · ·		
II. DESCRIPTION OF WEL	I. AND I F	ASE				· · -		·		
Lease Name			Pool Name, Inc	luding Formatic	T	Y in	d of Lease.			
Russell "30" Federa	1			laware, N			Federal or Fee	Lease No. LC-068281		
Location Unit Letter E		50 1	Feet From The	North 1	ine and	660	Feet From The	Wost		
Section 30 Towns	hip 26 Sc			ast ,		Lea		County		
III. DESIGNATION OF TRA	NSPORME	RECHE OII	. AND NAT	TIDAL CAS	•			County		
INAME OF Authorized Transporter of Oil		or Condenta	e paramog	Address (G	ive address to w	hich approve	d copy of this form	is to be sent?		
Enron Corporation Name of Authorized Transporter of Casi	FIRE	Francous	ক্রিনার্ডর ক্রিনার্ডর	<u> </u>	Box 1188.	Housto	n. Tevas 7	77251		
Phillips 66 Natural	Address (Give attress to which approved copy of this form is to be sent)									
If well produces oil or liquids, give location of tanks.	oduces oil or liquids, Unit Sec 1 Twill R				e. Is gas actually connected? When			Texas 79762		
	N	19 2	69 1 321	. v						
If this production is commingled with the IV. COMPLETION DATA	t from any othe		-,							
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sam	ne Res'v Diff Res'v		
Date Spanded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Forms	tion	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations							Dorth Carina Ct.			
i							Depth Casing Sho	×		
HOLE SIZE	SING AND	D CEMENTING RECORD								
HOCE SIZE	CASING & TUBING SIZE			 	DEPTH SET			SACKS CEMENT		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·								
. TEST DATA AND REQUES	T FOR AL	LOWABL	Æ	<u> </u>						
IL WELL (Test must be after relate First New Oil Run To Tank	covery of total	volume of loc	od oil and mus	be equal in or	exceed top allow	able for this	depth or he for full	'24 hows.)		
ATE THE NEW OIL KUR TO TANK	Date of Test			Producing Mei	thed (1 low, pury	r. Ras lyt, etc)			
ength of Test	Tubing Pressure			Casing Presque			Choke Size			
ctual Prod. During Test	Oil Phi			W. D. D.						
22	Oil - Bbls.			Water - Bbls.	water - Isnis,			Gas. MCI		
AS WELL					·					
ctual Prod. Test - MCF/D	Length of Test			Bbls, Condensate MMCI			Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure.(Shut-in)			Casing Pressure (Shut in)			Choke Size			
					(.ama m)		.hoke Size			
I. OPERATOR CERTIFICA	TE OF CO	OMPLIA	NCE							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				111 28 1991						
(1.1 / / / /				Date /	hpproved .					
Signaphre & Minte				By	ORIGINAL SI	IGNED BY	JERRY SEXTO	N		
Johnnye L. Nance Secretary				DISTRICT I SUPERVISOR						
Minical Name June 25. 1991	_	Title	22-	Title_						
Date 25. 1991		15-332- Telephone I	<u>-U2/5</u> ₩o.							
		-	11							

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.