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Highland Productión Company Address P.O. Box 6326, Odessa, Texas 79762 Rescon(i) Tor filing (Check proper box) New Well Becompletion Other (Pirose explain) New Well Becompletion One of ownership give neme End eddress of previous owner Norme Russell Federal 10 East Mason Delware Location Unit Letter E 1650 Feet From The North Line of Section 20 T. maship 26 South Range of Authorized Transporter of Cit [Sign ct Condensate] P.o. Box 3119, Midland, Texas 79702 Name of Authorized Transporte	County	
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	<u></u>	
If this production is commingled with that from any other lease or pool, give commingling order number: no (Y. COMPLETION DATA		
Designate Type of Completion - (X) X	Diff. Restv.:	
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.		
11-12-83 2-10-84 4349 4308 Elevations (DF, RKR, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)Name at Producing FormationTop Oil/Gas PayTubing Depth3179.65 Gr. levelDelware43344315.18'		
Perforations Depth Casing Shoe 4336'		
TUBING, CASING, AND CEMENTING RECORD		
HOLE SIZECASING & TUBING SIZEDEPTH SETSACKS CEMENT124/2"8 5/8"1145'600 sks.	, ·	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed	d top allow-	
OIL WFLL able for this depth or be for full 24 hours) [Date First New Oil Hun To Tanks [Date of Test Producing Method (Flow, pump, gas lift, etc.)		
2-10-84 2-10-84 Flowing		
Length of TestTubing PressureCasing PressureChoke Size24 hrs.535 lbs.012/64		
Z4 IIIS. JSS IDS. Gas-MCF Actual Prod. During Test Oil-Bale. 0 300		
164 bbls. 164 500 500		
GAS WELL		
Actual Prog. Teel-MCF/D Length of Test Bble. Condensate/AMCF Gravity of Condensate		
Teeting Method (pilot, back pr.) Tubing Presewe (Shut-in) Casing Presswe (Shut-in) Choke Size		
CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION		
ABBROVED FFB 16 1984	APPROVED FEB 16 1984	
I hereby certify that the rules and regulations of the Oll Conservation Division have been complied with and that the information given		
"bave is true and complete to the heat of my knowledge and belief. BY		
This form is to be filed in compliance with RULE 110 If this is a request for allowable for a newly drilled or	despenses	
Marvin L. Smith (Signater) (Signater)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with NULE 111.	
President (Tule) All excitions of this form must be filled out completely able on new and recompleted wells.	All enclions of this form must be filled out completely for allow-	
February 14, 1984 (Date) February 14, 1984	11 NIL out only Section 1 II III and VI for changes of owner.	
(Dute) (D	n multiply	
f completed wells.		

WELL NAME & NUMBER RUSSELL FEDERAL #10

1650' FNL & 990' FWL of Sec. 20 T-26-S R-32-E (Give Unit, Section, Township and Range) LOCATION

CPERATOR HIGHLAND PRODUCTION COMPANY

DRILLING CONTRACTOR KENAI DRILLING LIMITED

The undersigned hereby certifies that he is an authorized representative of the drilling contractor who drilled the above-described well and that he has conducted deviation tests and obtained the following results:

DEGREES ? DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	DEGREES @ DEPTH	
250 1/2				
500 3/4				
990 3/4				
1145 1 1/4				
1645 1 1/2				
2145 1 3/4	·			
<u>≁559 2</u>				
3057 1 1/2				
3554 3/4				
4054 1	- <u>-</u>			
4349 1	· · · · · · · · · · · · · · · · · · ·			
<u>-</u>				
	Drilling	Contractor VENIA DD		
Drilling Contractor KENIA DRILLING LIMITED				
Subscribed and sworn to before me this day of, 19				
My Commission Expires	Contraction and	C	ounty	

RECEIVED

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FEB 1 5 1984 O.C.D. Hobbes Office