

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. **Operator**
Highland Production Company

Address
P.O. Box 6326, Odessa, Texas 79762

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Russell Federal	10	East Mason Delaware	State, Federal or Fee Federal	71-068281

Location
Unit Letter E : 1650 Feet From The North Line and 990 Feet From The West Line
Line of Section 20 Township 26 South Range 32 East , NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 3119, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum	4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When yes 2-10-83

If this production is commingled with that from any other lease or pool, give commingling order number: NO

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X	X							

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
11-12-83	2-10-84	4349	4308
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
3179.65 Gr. level	Delware	4334	4315.18'
Perforations			Depth Casing Shoe
Open hole 4337' to 4349'			4336'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	1145'	600 sks.
7 7/8"	5 1/2"	4336'	550 sks.

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 top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
2-10-84	2-10-84	Flowing	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	535 lbs.	0	12/64
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
164 bbls.	164	0	300

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

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.

Highland Production Company

Marvin L. Smith (Signature)

President

February 14, 1984

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED

FEB 16 1984

Eddie W. Seay

BY

Oil & Gas Inspector

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.

WELL NAME & NUMBER RUSSELL FEDERAL #10

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

OPERATOR 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			
2559 2			
3057 1 1/2			
3554 3/4			
4054 1			
4349 1			

Drilling Contractor KENAI DRILLING LIMITED

By [Signature]

Subscribed and sworn to before me this 20 day of October, 19 1977

[Signature]
Notary Public

My Commission Expires 12-31-78

Kenai County AK

RECEIVED

FEB 15 1984

O.C.D.
HOBBS OFFICE