Submit & Copiez Appropriate District Office	
DISTRICT I P.O. Box 1980, Hobbs, NM	88240

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

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

Ŧ

State of New Mexico /, Minerals and Natural Resources Departme Εı

+

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Highland Production	<i>a</i>							Well API No.				
	n Compan	Company					3(30-025-28726				
Address		202 0	1	m -	- 70761 0	0.20						
810 N. Dixie Blvd., Reason(s) for Filing (Check proper box,		202, 00	lessa	, Texas	<u>3 /9/61-2</u> Othe	1838 et (Please expla	ain)					
New Well		Change in										
Recompletion	Oil	_	Dry Ga		Fffe	ativa Tu	1 15	1001				
Change in Operator	Casinghe	ad Gas	Conder		LIIE	ctive Ju	11y 15,	1991				
and address of previous operator						<u> </u>	· · · · · · · · · · · · · · · · · · ·	,				
II. DESCRIPTION OF WEL	L AND LE	ASE	1					<u>.</u>		ease No.		
Lease Name		Well No.			ing Formation			Federal of Fed		27467		
Amoco Federal		<u> </u>	<u>No</u>	rth Mas	son_Delaw	are				21401		
Unit LetterJ	•	2004	Feet Fr	om The	South Line	and <u>200</u>	<u>)4</u> Fe	et From The	East	Line		
					- \\	101.1	Lea			County		
Section 8 Towns	hip <u>2</u>	<u>6-S</u>	Range	32-	- <u>E</u> , NN	ирм,	Lea			County		
III. DESIGNATION OF TRA	NSPORTE	ER OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil	X	or Conder				e address to wi						
Enron Oil Trading and Name of Authonized Transporter of Cas	I Transpi inghead Gas	EOT			Address (Giw	e address to w	.88, Hou hich approved	ston, Te copy of this fo	xas 114 orm is to be s	21 en()		
Phillips 66 Natural (Gas Comp	anEffec	tive 1	<u>-1-93</u>	4001	Penbroc				<u></u>		
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually		When					
give location of tanks. If this production is commingled with th		<u> 8</u>		<u>S 32 – E</u>				August,	1985			
IV. COMPLETION DATA	at from any or		h b.									
Deciencia Time of Completio	n (Y)	Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completio		ipi. Ready u			Total Depth	<u> </u>	.l	P.B.T.D.	I			
Dat shares		1,							.			
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth					
Perforations	<u>l</u>				<u> </u>	·	· · · · · · · · · · · · · · · · · · ·	Depth Casin	g Shoe			
					CEMENTIN		D			· · · · · · · · · · · · · · · · · · ·		
HOLE SIZE		SING & TU	JBING			DEPTH SET			SACKS CEM	ENT		
· · · · · · · · · · · · · · · · · · ·					·							
V. TEST DATA AND REQU	ST FOR	LLOW	ARLE	,	l	<u> </u>	<u> </u>	ļ				
OIL WELL (Test must be after				oil and must	be equal to or	exceed top allo	mable for this	depih or he f	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Te					thod (Flow, pu	·····					
Leasth of Test	T.L				Cating Deser			Choke Size				
Lengin of lesi	Iubing Pre	essure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		<u> </u>	Water - Bbls.		Gas- MCF						
					ļ			l				
GAS WELL												
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	≌te/MMCF		Gravity of C	ondensate			
Testing Method (pilol, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size							
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE			0					
I hereby certify that the rules and regi						IL CON	SERVA	ATION E	DIVISIC	N		
			n above		_	_						
	_				Date	Approved	1 t					
VMAN		<u>.</u>			D.							
Signature U N Roog	Chaimm		he D		Ву				···			
Printed Name	_onairma	<u>an or t</u>	<u>ne Br</u> Title	<u>parq</u>	Titlo							
	91	15/332-	0275		l nue-	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	· <u> </u>		
<u>August 22, 1991</u> Date			phone No									
GAS WELL Actual Prod. Test - MCF/D Testing Method (pilot, back pr.) VI. OPERATOR CERTIFIC I hereby certify that the rules and regu Division have been complied with and is true and complete to the best of my Signature W. N. Rees Printed Name	Length of Tubing Pre CATE OF flations of the t that the infor knowledge an Chairma	Test Essure (Shut COMP Oil Conserv mation give ad belief.	LIAN vation in above he Bo Title		Bbis. Condens Casing Pressur C Date By	ar WWCł	t t	Gravity of C Choke Size	DIVISIC			

- 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