

DISTRICT I
1000, Amarillo, NM 88240
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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 <u>Highland Production Company</u>		Well APT No. <u>30-025-24,251</u>
Address <u>610 N. Dixie Blvd., Suite 202, Odessa, Texas 79761</u>		
Reason(s) for filing (Check proper box) ☒ Other (Please explain)		
New Well ☐	Change in Transporter of:	
Recompletion ☐	Oil ☒ Dry Gas ☐	
Change in Operator ☐	Casinghead Gas ☐ Condensate ☐	<u>Effective 1/1/89</u>
If change of operator, give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Russell Federal</u>	Well No. <u>12</u>	Pool Name, including Formation <u>East Mason (Delaware)</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC-068281-B</u>	
Location					
Unit Letter <u>L</u>	<u>330</u>	Feet From The <u>W</u>	Line and <u>2340</u>	Feet From The <u>S</u>	Line
Section <u>20</u>	Township <u>24 N</u>	Range <u>20 E</u>	NMPL <u>11 A</u>	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips 66 Petroleum Company Trucks</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>					
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)					
<u>Phillips 66 Natural Gas Co.</u>	<u>4001 Penbrook, Odessa, Texas 79762</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>G</u>	Sec. <u>20</u>	Twp. <u>24-S</u>	Rge. <u>20-E</u>	Is gas actually connected? <u>yes</u>	When? <u>6-27-85</u>

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing Shoe				
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
ILLEGIBLE								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of lead 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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual First Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (flow, shut-in, etc.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
Marvin L. Smith President
Printed Name
March 27, 1989 Date
915/332-0275 Telephone No.

OIL CONSERVATION DIVISION

MAR 29 1989

Date Approved
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title

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 1-1.
- 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.