

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator Highland Production Company	
Address P. O. Box 6326, Odessa, Texas 79767-6326	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well ☒	Change in Transporter of:
Recompletion ☐	Oil ☐ Dry Gas ☐
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Russell Federal	Well No. 13	Pool Name, Including Formation East Mason (Delaware)	Kind of Lease State, Federal or Fee Federal	Lease No. LC068281B
Location				
Unit Letter <u>A</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1000</u> Feet From The <u>East</u> Line				
Line of Section <u>20</u> Township <u>26 South</u> Range <u>32 East</u> , NMPM, Lea 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)
The Permian Corporation Permian (Lit. 9 / 1 / 87)	P. O. Box 1183, Houston, Texas 77001
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Phillips 66 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
G 20 26S 32E	yes 3/22/86

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'ty.	Diff. Res'ty.
X	X		X					
Date Spudded 12/5/86	Date Compl. Ready to Prod. 3/22/86	Total Depth 4354	P.B.T.D.					
Elevations (DF, RAB, RT, GR, etc.) 6	Name of Producing Formation Delaware Sand	Top Oil/Gas Pay 4342	Tubing Depth 3278					
Perforations Open Hole: 4342-4354			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4	8 5/8"	1054	400					
7 7/8	5 1/2"	4342	400					
	2 3/8"	3578						

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)

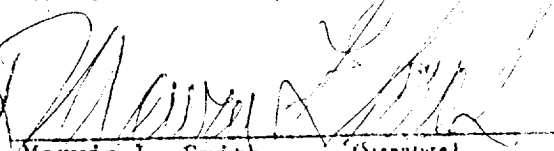
Date First New Oil Run To Tanks 3/22/86	Date of Test 3/24/86	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs	Tubing Pressure 30#	Casing Pressure 30#	Choke Size None
Actual Prod. During Test	Oil-Bbls. 6	Water-Bbls. 58	Gas-MCF 10

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.


Marvin L. Smith
President
May 2, 1986
(Date)

OIL CONSERVATION DIVISION	
APPROVED MAY 5 - 1986	
BY ORIGINAL SIGNED BY JERRY SEXTON	
TITLE DISTRICT SUPERVISOR	
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; other such change of condition.	
Separate Forms C-104 must be filed for each pool in multiple completed wells.	

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MAY 5 1986
O.C.D.
HOBBS OFFICE