

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
HIGHLAND PRODUCTION COMPANY
3. ADDRESS OF OPERATOR
810 N. Dixie Blvd., Ste. 202, Odessa, TX 79761
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1662' FEL & 2310' FSL
AT TOP PROD. INTERVAL: 1662' FEL & 2310' FSL
AT TOTAL DEPTH: 1662' FEL & 2310' FSL

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Simple completion Information		

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

3-22-87 Spud 3:45 PM.

3-23-87 Set 1274' 8 5/8" 24# J-55 ST&C Casing. Cemented with 650 Sacks Cement. Circulated to surface.

3-31-87 Set 4,313' 5 1/2" 15.5# LT&C API LTV Casing. Cemented with 800 Sacks cement. Circulated. Lost Circulation. TOC 500

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE 2
LC-068681-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Conoco Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
East Mason (Delaware)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 19, T-26-S, R-32-E, NMPM
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
30-025-29877
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3170.5 GR

MAY 4 1987

SJS
CARLSBAD, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED _____ TITLE President DATE April 16, 1987

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: