State of New Mexico gy, Minerals and Natural Resources Departme

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZAT	TON
TO TRANSPORT OIL AND NATURAL GAS	
	Well API No

Operator							711 1 1 10.		
Highland Production	on Company						30-025-30	1563	
Address									
810 N. Dixie Blvd	., Suite 202.	Odessa	, Tex	aş 79761					
Reason(s) for Filing (Check proper box)				Cuh	er (Please expla	iin)			
New Well		n Transporte	r of:						
Recompletion		Dry Gas							
Change in Operator	Casinghead Gas	Condensa	le						
change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL	AND LEASE								
ease Name		Pool Nam	e, Includi	ng Formation		Kind	of Lease	Le	ase No.
Conoco "A" Federal	3	North	Masc	n (Delav	vare)	State,	Federal or Fee	LC-062	2749 (B)
ocation					-				
Unit LetterC	:330	_ Feet From	The No	orth_Lin	and2080	F	eet From The _	West	Line
Section 19 Townsh	nip 26 South	Range	32 Ea	ist ,N	мрм,		Lea		County
I. DESIGNATION OF TRA		IL AND	NATU —	RAL GAS Address (Giv	e address to wh	ich approved	copy of this for	m is to be ser	<u>u</u>)
·	X	. [** - *		
Conoco, Inc Surfa	neberd Con TV	Or Dry Ga		Address (Giv	address to wh	nca Cit	y, Oklahu I copy of this for	oma +401	rt)
ame of Authorized Transporter of Casi		or Diy Ga	•	I.					4/
Phillips 66 Natural		I Tues	D				Texas 79	1104	
well produces oil or liquids, re location of tanks.	Unit Sec.	Twp.	Rge.		y connected!	When		0.0	
	_ н 19		32E	yes.			5/3/8	39	
his production is commingled with tha COMPLETION DATA	t from any other lease or	pool, give o	comming!	ing order numb	er:				
	Oil Well	I Gas	Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion				Total Depth	LI		J		
ate Spudded	Date Compl. Ready to	o Prod.					P.B.T.D.		
3/21/89	5/3/89			4330 Top Oil/Gas Pay					
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3207.7 GR	North Mason	(Delaw	are)	4306			4230		
rforations			•				Depth Casing	Shoc	
4306 - 4330 Open Ho	le						4303		
	TUBING,			CEMENTI	NG RECORI)	,		
HOLE SIZE	CASING & TU	JBING SIZ	E		DEPTH SET		SACKS CEMENT		
12 1/4"	8 5/8"			1164			650 SKS-0	Sircula	te_to_Si
7 7/8"	5 1/2"				4303		590 SKS-0	Circula	te 100_9
7 7/8"	2 3/8"				4230		<u> </u>		
TEST DATA AND REQUE	ST FOR ALLOWA	ABLE							
IL WELL (Test must be after	recovery of total volume	of load oil o	and must					full 24 hours	r.)
ite First New Oil Run To Tank	Date of Test			Producing Me	th⊙d (Flow, pwr	np, gas lift, e	tc.)		
5/14/89	5/15/89			Pump					
ength of Test	Tubing Pressure			Casing Pressu	re		Choke Size		
•				40	ų.		_		
24 Hours tual Prod. During Test	Oil - Phie			Water - Bbls.	[Gas- MCF		
Ruai Prod. During 1 est	Oil - Bbls.						j		
	27			20			45		
SAS WELL				Inc. C. C.	IN A A A A CT		ICmului -(C	donesta	
ctual Prod. Test - MCF/D	Length of Test			Bbls. Conden-	MEMMICE		Gravity of Cor	ioensate	
							ļ		
ting Method (pitot, back pr.)	Tubing Pressure (Shut	l-in)		Casing Pressu	re (Shul-in)		Choke Size		
I. OPERATOR CERTIFIC	CATE OF COMP	LIANC	E		NI 0081	CEDV.	ATION D	NACIO:	N I
I hereby certify that the rules and regu				(HE CON	OEH V	ATION D	1412101	N
Division have been complied with and	I that the information give	en above				u	AY 30	1000	
is true and complete to the best of my	knowledge and belief.			Date	Approved	, M	MIDV	1009	
2/ 1 / n	(,			Dale	vhhinasc	· 			
11th W	7/1.							PEVION	
5 - 1 10 72 ()	16,6066			By_	ORIGIN/	AL SIGNET	BY JERRY	25 1 OM	
Signature Johnnye L. Nanc	e. Secret	tary			Ţ.	ISTRICT I	SUPERVISO	K	
Printed Name		Title		Title.					
May 24, 1989	915/332/0	02.75		''''' -					
Date 1909	Tele	phone No.							

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 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.

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MAY 26 1989

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CICD HOBBS OFFICE

RAILROAD COMMISSION OF TEXAS

Form W-12

OIL AND GAS DIVISION 6. RRC District 7. RRC Lease Number. (Oll completions only) INCLINATION REPORT (One Copy Must Be Filed With Each Completion Report.) 1. FIELD NAME (as per RRC Records or Wildcat) 2. LEASE NAME 8. Well Number Conoco "A" Federal North Mason (Delaware) 3. OPERATOR 9. RRC Identification Number (Gas completions only) Highland Production Company 4. ADDRESS 810 N. Dixie, Ste. 202 Odessa, Tx 79761 10. County 5. LOCATION (Section, Block, and Survey) 330/N+2089 Section 19, T-26-S, R-32-E, NMPM New Mexico Lea RECORD OF INCLINATION *11. Measured Depth 14. Displacement per 12. Course Length *13. Angle of 15. Course 16. Accumulative Inclination Hundred Feet (feet) (Hundreds of feet) Displacement (feet) (Degrees) Displacement (feet) (Sine of Angle X100) 500 500 1.75 8.75 8.75 987 487 ٦ 1.75 8.52 17.27 1164 177 1 1.75 3.10 20.37 1634 470 1.3/43.06 14.38 34.75 2125 491 2 1/4 3.94 19.35 54.10 2616 491 2 3.50 17.19 71.29 3112 496 2.19 1/4 10.86 82.15 3602 490 1.75 8.58 90.73 4097 495 2.191/4 10.84 101.57 4306 209 1.75 3.66 105.23 If additional space is needed, use the reverse side of this form. 17. Is any information shown on the reverse side of this form? yes yes 18. Accumulative total displacement of well bore at total depth of ____4306 _ feet = <u>105.2</u>3 feet. *19. Inclination measurements were made in — _____ Tubing Casing Open hole X Drill Pipe 20. Distance from surface location of well to the nearest lease line _____330_____ _____ feet. 21. Minimum distance to lease line as prescribed by field rules _____ 330 feet. 22. Was the subject well at any time intentionally deviated from the vertical in any manner whatsoever? (If the answer to the above question is "yes", attach written explanation of the circumstances.) INCLINATION DATA CERTIFICATION OPERATOR CERTIFICATION I declare under penalties prescribed in Sec. 91.143, Texas Natural I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of the inclination data and facts placed on both sides of this form and that such data and facts are true, correct, and complete to the best of my knowledge. This certification covers all data as indicated by asterisks (*) by the item numbers on this form. I declare under penalties prescribed in Sec. 91.143, Texas Natural Resources Code, that I am authorized to make this certification, that I have personal knowledge of all information presented in this report, and that all data presented on both sides of this form are true, correct, and complete to the best of my knowledge. This certification covers all data and information presented herein except inclination data as indicated by a stemisks (**) by the item numbers on this form.

Signature of Authorized Representative Signature of Authorized Representative Signature of Authorized Representative James L. Brazeal-President Marvin L. Smith, President Name of Person and Title (type or print) President Name of Person and Title (type or print) Brazeal, Inc.-d/b/a CapStar Drilling Highland Production Company Telephone: ∠⊥≒
Area Code 727-8367 Telephone: 915/332-0275 Area Code Railroad Commission Use Only: Approved By: _ __ Title : _ __ Date:

Designates items certified by company that conducted the inclination surveys.

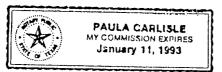
STATE OF TEXAS }
COUNTY OF COLLIN }

The attached instrument was acknowledged before me on the

BEN day of Joul .

, 1989 by James L. Brazeal as

President of BRAZEAL, INC. - d/b/a CAPSTAR DRILLING.



Paula Carlisle - Notary Public

My commission expires: January 11, 1993