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Appropriate District Office  
DISTRICT I  
P.O. Box 1950, Hobbs, NM 88240

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Highland Production Company	Well API No. 30-015-30899
Address 810 North Dixie Blvd, Suite 202, Odessa, Texas 79761	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) <b>Approval to flare casinghead gas from this well must be obtained from the BUREAU OF LAND MANAGEMENT (BLM)</b>	
New Well <input checked="" type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco "D" Federal	Well No. 1	Pool Name, Including Formation North Mason (Delaware)	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Fee	Lease No. LC062749C
Location Unit Letter <u>J</u> : <u>2310</u> Feet From The <u>South</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>18</u> Township <u>26S</u> Range <u>32E</u> , <u>NM</u> , <u>Lea</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Conoco Inc. - Surface Transportation	Address (Give address to which approved copy of this form is to be sent) 1406 N. West County Road, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>natl gas</b> Phillips 66 Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762	
If well produces oil or liquids, give location of tanks.	Unit <u>J</u>	Sec. <u>18</u>
	Twp. <u>26</u>	Rge. <u>32</u>
	Is gas actually connected? <u>No</u>	When? <u>ASAP</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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded May 16, 1990	Date Compl. Ready to Prod. June 9, 1990		Total Depth 4352		P.B.T.D.			
Elevations (DF, RKE, RT, GR, etc.) 3205.0 GR	Name of Producing Formation Delaware Sand		Top Oil/Gas Pay 4350		Tubing Depth 4351			
Perforations Open hole 4302 - 4352					Depth Casing Shoe 4302			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/2	8 5/8		1085		825 Circulate to surface			
7 7/8	5 1/2		4302		1000 Circulate to surface			
	2 3/8							

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed ten allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank June 9, 1990	Date of Test June 12, 1990	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hours	Tubing Pressure 25	Casing Pressure 25	Choke Size -
Actual Prod. During Test	Oil - Bbls. 30	Water - Bbls. 55	Gas - MCF 55

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	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  
June 13, 1990  
Date  
915/332-0275  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **JUN 18 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**  
DISTRICT 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 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.