

DATE OF RECEIPT	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	
OIL	
GAS	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. Operator
Highland Production Company
Address
P.O. Box 6326, Odessa, TX 79762

Reason(s) for filing (Check proper box)

New Well ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

CASINGHEAD GAS MUST NOT BE
FLARED AFTER 9/12/83
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Double "SS"	Well No. 1	Pool Name, including Formation Jalmat (Yates-Seven Rivers)	Kind of Lease State, Federal or Fee Fee	Lease No. -
Location Unit Letter N : 2310 Feet From The West Line and 990 Feet From The South Line of Section 26 Township 24 Range 36 , NMPM, Lea 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 Surface Transportation Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2587, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 24	Rge. 36	Is gas actually connected? No	When

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 X	Gas Well	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-16-83	Date Compl. Ready to Prod. 7-12-83		Total Depth 3275		P.B.T.D. 3255			
Elevations (DF, RKB, RT, GR, etc.) 3302 G.R.	Name of Producing Formation Yates - Seven Rivers		Top Oil/Gas Pay 3207		Tubing Depth 3182			
Perforations 3207 - 09-13-15-16-20-24-26-30-32					Depth Casing Shoe 3256			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4	8-5/8		1249		200 sy			
7-7/8	5-1/2		3256		450 sy			
	2-3/8		3182					

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 top allowable for this depth or be for full 24 hours)

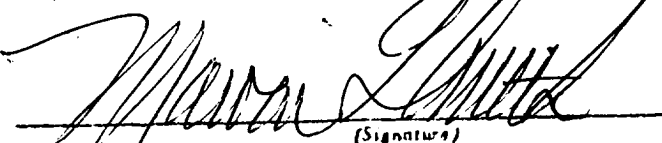
Date First New Oil Run To Tanks 7-12-83	Date of Test 7-12-83	Producing Method (Flow, pump, gas lift, etc.) Swabbing and Flow	
Length of Test 24 hours	Tubing Pressure 20-40 lbs.	Casing Pressure "0"	Choke Size 1"
Actual Prod. During Test 68	Oil-Bbls. 14	Water-Bbls. 54	Gas-MCF 150

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.


(Signature)

Marvin L. Smith, President

(Title)

7-14-83

(Date)

OIL CONSERVATION DIVISION

JUL 25 1983

APPROVED _____, 19____

BY _____
DISTRICT SUPERVISOR

TITLE _____

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, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple-completed wells.

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JUL 21 1983

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