

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	

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

Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Double "SS"	Well No. 2	Pool Name, including Formation Jalmat	Kind of Lease State, Federal or Fee Fee	Lease No.
Location Unit Letter <u>C</u> : <u>330</u> Feet From The <u>North</u> Line and <u>2310</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>24-S</u> Range <u>36-E</u> , NMPM, <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 Surface Transportation Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2587, Hobbs, New Mexico, 88240					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1492, El Paso, Texas, 79978					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 24	Rge. 36	Is gas actually connected? yes	When April 12, 1984

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 11-4-83	Date Compl. Ready to Prod. 4-12-84		Total Depth 3295'		P.B.T.D. 3230'			
Elevations (DF, RKB, RT, GR, etc.) 3293.1 GR	Name of Producing Formation Yates - Seven Rivers		Top Oil/Gas Pay 3041'		Tubing Depth 3102'			
Perforations 3042-43-44-47-49-51-53 3082-83-85-86-88-89					Depth Casing Shoe 3295'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" Casing		1214'		200			
7 7/8"	4 1/2" Casing		3295'		510			
	2 3/8" Tubing		3102'					

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 4-12-84	Date of Test 4-12-84	Producing Method (Flow, pump, gas lift, etc.) Pumping and flowing	
Length of Test 24 hours	Tubing Pressure 30	Casing Pressure 60	Choke Size 1"
Actual Prod. During Test	Oil-Bbls. 10	Water-Bbls. 60	Gas-MCF 500

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Dbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, 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.

HIGHLAND PRODUCTION COMPANY

Marvin L. Smith
President

(Signature)

(Title)

April 16, 1984

(Date)

OIL CONSERVATION DIVISION

APPROVED APR 24 1984, 19__

BY ORIGINAL SIGNED BY JERRY SEXTON
TITLE DISTRICT I 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, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.