Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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OIL CONCLUVATION DEVISION

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

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

A.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSPO	ORT OIL	. AND NATURA	AL GAS	
Operator Southland Royalty Co.					Well API No. 30-025-22096		
Address 21 Desta Drive, Mi		xas 79	705				
Reason(s) for Filing (Check proper to	box)	_			Other (Pleas	se explain)	
New Well		Change i	a Transpor	ter of:			
Recompletion	Oil	\Box	Dry Gas				
Change in Operator	Casinghe	ad Gas 🔲	Condens	ale 🗌			
if change of operator give name and address of previous operator							
II. DESCRIPTION OF WE	ELL AND LE		72			· · · · · · · · · · · · · · · · · · ·	
Lease Name	i i				ng Formation	Kind of Lease State, Federal or Fee	Lease No.
Federal MA		2	Cort	<u>oin Wo</u>	lfcamp South	Suit, reusia Gric	* NM 0997
Location Unit LetterI	:19	80	_ Feet Pro	m The	S Line and _	660 Feet From The	<u>E</u> <u>Line</u>
Section 21 Tox	waship 18	S	Range	33E	, NMPM,	l ea	County
III. DESIGNATION OF T	RANSPORTE	ER OF C	IL AND	NATU	RAL GAS		
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)		
Texas New Mexico Pipeline				P.O. Box 2528, Hobbs New Mexico 88241			
Name of Authorized Transporter of G		\mathbf{x}	or Dry C	ias 🔚		is to which approved copy of this	
PHillips 66 Natural Gas Co.				4001 Penbrook, Odessa, Texas 79742			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actually connec	ted? When?	
give location of tanks.	<u> </u>	21	188	33E	Yes	<u>l 8-9-89</u>	
VI. OPERATOR CERTI	FICĂTE OF	F COM	PLIAN	CE	0"	ONOCOVATION	D.V. (1010)
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION		
Division have been complied with			ven above			18 1	9 5 1000
is true and complete to the best of my knowledge and belief.				Date Approved			
Parlaca C	arll	MOL	ani		_		
Signature			-		By	IGINAL SIGNED BY JERR	Y SEXTON
Barbara Carter Noland Production Asst.					DISTRICT I SUPERVISOR		
Printed Name Title 1-22-90 915-686-5600					Title	PISTRICT I SUPERVIS	
1-22-90 Date	915-686		ephone No				
		1 61	SPANNE (TO	•	[]		

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.