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

State of New Mexico

energy, Minerals and Natural Resources Depar. ìŧ

OIL CONSERVATION DIVISION

OCT 29 '90

RECRIVED

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

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

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQ		•			AUTHORIZ TURAL GA		u. D. Esia, Offic e			
Operator		10 Inr	INOF	ON I OIL	- AND NA	I ONAL GA		API No.			
SOUTHLAND ROYALTY COMPANY								314000			
Address 21 Desta Dr., Midland, TX	79705										
Reason(s) for Filing (Check proper box)					X Oun	er (Please expla	rim)				
New Well		Change in	Transp	orter of:		HANGE LEAS				;	
Recompletion	Oil		Dry G	as 🖳	RO	OBINSON JAC	CKSON UN	IT TR 2A			
Change in Operator	Casinghe	ad Gas 🔲	Conde	assie		Effec	tive	10-1-9	δ		
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL.	AND LE	ASE		_							
Lease Name		Well No.	Pool N	iame, Includi	ng Formation			of Lease		ease No.	
RJU TR 2A		2	GRA'	YBURG JA	CKSON 7R	VS QN GB S	A FEDI	Federal or Fee AL	2C-0	28775-B	
Location Unit Letter	:_6	60	Feet F	rom The	VORTIFLIO	e and	<u> 70 </u> F	et From The _	EAST	Line	
Section 27 Township	, 1	75	Range	29E	<u>, N</u>	мрм,	 -	EDDY		County	
III. DESIGNATION OF TRAN	SPORTE			D NATU							
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL TEXAS-NEW MEXICO PL						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60088, SAN ANGELO, TX 76901					
Name of Authorized Transporter of Casing PHILLIPS 66 NATURAL GAS	Address (Give address to which approved copy of this 4001 PENBROOK, ODESSA, T										
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp.	Rge.	is gas actuali	y connected?	When	?			
If this production is commingled with that f IV. COMPLETION DATA	rom any oth	ner lease or	pool, gi	ve comming	ing order num	ber:					
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	i	i		j						
Date Spudded	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	c.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations	<u> </u>				<u> </u>			Depth Casing	3 Shoe		
	7	UBING.	CASI	NG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
I MARCO DAME AND DECISION	700		n. r					<u> </u>			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				oil and must	be equal to or	exceed top allo	wahle for thi	denth or he f	or full 24 hour	re i	
Date First New Oil Run To Tank	Date of Te		<i>y</i>	OH GAIL AND	, 	ethod (Flow, pu		`	# Jan 24 1000		
l	1								Butte.	A10	
Length of Test	gth of Test Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF		. ^	
GAS WELL							1.0				
Actual Prod. Test - MCF/D						sate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
	<u> </u>										
VI. OPERATOR CERTIFICA				ICE	(CEDV	ATION F	אופור	NA I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved #0V 6 1990						
and and compress to git best of thy El	· worke #1	a venu.			Date	Approved	<u> </u>	V 6 R	19 <u>0</u>		
Estella M. alvarado											
Signature					By CRIGINAL SIGNED BY						
ESTELLA M. ALVARADO PROD ANALYST					MIKE WILLIAMS						
Printed Name Title OCTOBER 26, 1990 (915) 686–5636					Title SUPERVISOR, DISTRICT IT						
Date			nhone N								

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.