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

State of New Mexico inergy, Minerals and Natural Resources Depar

RECEIVED

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

OIL CONSERVATION DIVISION

P.O. Box 2088

OCT 29 '90

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION C. C. D. I. TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. SOUTHLAND ROYALTY COMPANY 314300 21 Desta Dr., Midland, TX 79705 Reason(s) for Filing (Check proper box) X Other (Please explain) CHANGE LEASE NAME FROM New Well Change in Transporter of: Recompletion Oil → Dry Gas ROBINSON JACKSON UNIT TR 2 effective Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. | Pool Name, Including Formation Kind of Lease Lease No. **RJU TR 2** 31 GRAYBURG JACKSON 7RVS QN GB SA State, Federal or Fee FEDEAL LC-028715.B Location Š 2615 Feet From The North Line and 2615 Unit Letter Feet From The BAST 175 Township Range 29E **EDDY** NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) TEXAS-NEW MEXICO PL P.O. BOX 60088, SAN ANGELO, TX 76901 Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) X or Dry Gas PHILLIPS 66 NATURAL GAS CO 4001 PENBROOK, ODESSA, TEXAS 79762 If well produces oil or liquids, Rge. Twp. is gas actually connected? When? give location of tanks. 17S j 35 F 29E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Total Denth Date Compi. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE **DEPTH SET** SACKS CEMENT 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 Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Water - Bbls. Gas- MCF Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved ____NOV 6 **1990** elly M. alvara ORIGINAL SIGNED BY Signature ESTELLA M. ALVARADO PROD ANALYST MIKE WILLIAMS Printed Name Title Title SUMERVISOR, DISTRICT IT OCTOBER 26, 1990 (915) 686-5636

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.