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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico — Anergy, Minerals and Natural Resources Depai and

Form C-104
Revised 1-1-89
RECSAMprocions
at Halling of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 29'90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION O. C. D. I. TO TRANSPORT OIL AND NATURAL GAS Well API No. ARTESIA, OFFICE Operator 314500 SOUTHLAND ROYALTY COMPANY 21 Desta Dr., Midland, TX 79705 Other (Please explain) Reason(s) for Filing (Check proper box) CHANGE LEASE NAME FROM Change in Transporter of: New Well ROBINSON JACKSON UNIT TR 1 Dry Gas i i Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Leane No. State Federal or Fee FEDEAL LC-028775-B **RJU TR 1** GRAYBURG JACKSON 7RVS QN GB SA Location Feet From The South Line and \_\_ 1980 1980 Unit Lene Feet From The 175 Range 29E **EDDY** , NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS e of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) X P.O. BOX 60088, SAN ANGELO, TX 76901 TEXAS-NEW MEXICO PL or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X PHILLIPS 66 NATURAL GAS CO 4001 PENBROOK, ODESSA, TEXAS 79762 When ? If well produces oil or liquids, Twp. Rge. is gas actually connected? Unit Sec. 35 give location of tanks. 175 29E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Doepen Plug Back | Same Res'v Gas Well New Well | Workover Diff Res'v Oil Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Too Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **SACKS CEMENT** V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test **Tubing Pressure** Water - Bbls. Gas- MCF Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bhls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 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. MOV 6 1900 Date Approved \_\_ Cotella M. alvarado By\_ ORIGINAL SIGNED BY Signature ESTELLA M. ALVARADO PROD ANALYST MIKE WILLIAMS Title Printed Name SUPERVISOR, DISTRICT IT Title\_ OCTOBER 26, 1990 (915) 686-5636 Telephone No.

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.