Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Depai nt

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 29 '90

DISTRICT III 1000 Rio Brazos Rd., Aziec, NN	87410 REQ		OR ALLOW				U. C. G Artesia, Of			
I. TO TRANSPORT OIL AND NATURAL (Operator							Well API No.			
SOUTHLAND ROYALTY COMPANY V						314800				
Address	-									
21 Desta Dr., Midla Reason(s) for Filing (Check proj				X Ou	or (Diagram)	-:-1			· · · · · · · · · · · · · · · · · · ·	
New Well	er ool)	Change in	Transporter of:		ner (<i>Please expl</i> HANGE LEAS		EDOM			
Recompletion	Oil		Dry Gas		OBINSON JA					
Change in Operator			ve 10	1 an						
If change of operator give name and address of previous operator	Casinghe					716671	<u>ve /(</u>) - <u>/ - 70</u>		
II. DESCRIPTION OF	WELL AND LE	ASE								
Lease Name	1101110110011001			ding Formation		Kind	of Lease No.			
RJU TR 2A		8	GRAYBURG .	JACKSON 7F	VS QN GB	SA FED	Federal or Fed	: LC-0	28775-B	
Location Unit Letter	: 19	80	Feet From The	South Lin	e and 198	<u>0</u> F	eet From The	West	Line	
Section 27	Township 1	75	Range 29E	, N	МРМ,	- -	EDDY		County	
III. DESIGNATION OF	TRANSPORTE	ER OF O	L AND NAT							
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL TO Condensate					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 PHILLIPS 66 NATURA		X	or Dry Gas	Address (Gis	e address to wh 4001 PENB	ich approved	copy of this fo	orm is to be se	ent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge	e. is gas actuall	y connected?	When		XAS 7976	<u> </u>	
If this production is commingled		l	175 29E							
IV. COMPLETION DAT		ner lease or p	ood, give commin	ging order num	DET:					
Designate Type of Com	nletion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready to	Prod.	Total Depth	L	<u> </u>	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
							gr			
Perforations							Depth Casing	g Shoe		
	7	UBING.	CASING AND	CEMENTI	NG RECOR	D	!			
HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND RI OIL WELL — (Test must l	EQUEST FOR A pe after recovery of to			st be eaual to or	exceed top allo	wable for thi	s denth or he fi	or full 24 hour	re)	
Date First New Oil Run To Tank	Date of Te		, , , , , , , , , , , , , , , , , , , ,		thod (Flow, pu			× 100 24 100	<u>., </u>	
ength of Test Tubing Pressure				Casing Pressu			Choke Size	13354	31 3	
Tuoing Fressure			Casing Freedit					1		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL							<u> </u>			
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
ODED ATOR OTHER		001 57	7.12100							
VI. OPERATOR CER' I hereby certify that the rules a Division have been complied w	nd regulations of the	Oil Conserva	ation		OIL CON	SERV	ATION [OIVISIO	N	
is true and complete to the best			- 	Date	Approved	NO	V 6 19	200		
Rotella	m ain	l=	`				0 10	7 5 0		
Signature					By ORIGINAL SIGNED BY					
ESTELLA M. ALVARADO PROD ANALYST Printed Name Title				MIKE WILLIAMS Title SUPERVISOR, DISTRICT IS						
OCTOBER 26, 199	0	(915) 6	86-5636 hone No.	Title_	SUPER	VISUR, D	ISTRICT I	L		

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.

All sections of this form must be filled out for allowable on new and ne