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DISTRICT II

State of New Mexico

inergy, Minerals and Natural Resources Depar

OIL CONSERVATION DIVISION

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

RECEIVED Form C-104
Revised 1-1-89

OCT 29'90

1000 Rio Brazos Rd., Aztec, NM 87410	REC				BLE AND			O. C N. artesia,			
I. Operator		TOTA	ANSP	ORT O	IL AND NA	TURAL G		ell API No.			
SOUTHLAND ROYALTY COMPANY								· -	314900		
Address 21 Desta Dr., Midland, T	X 79705	;									
Reason(s) for Filing (Check proper box)			···		X Ou	ner (Please exp	lain)				
New Well Recompletion	0"	Change i	in Transpo		C	HANGE LEA	SE NAM	E FROM			
Change in Operator	Oil Casinghe	∟ ead Gas ☐	」Dry Ga ☐ Conden	_	K	OBINSON JA		unit tr 1		<b>a</b> 3	
If change of operator give name and address of previous operator							( ffe	CFIVE	10 -1-9	70	
II. DESCRIPTION OF WELL	ANDIE	FASE								<del></del>	
Lease Name Well No.   Pool Name, Inclu					ding Formation Kind			nd of Lease	of Lease No.		
RJU TR 1 /3 GRAYBURG					ACKSON 7F	VS QN GB	SA F	te Federal or F DEAL		028775-8	
Unit Letter J		45	F . F	<b>.</b> . (	DOUTH Lin		1.0				
2.7					OVTA Lin	e and	+3	Feet From The	-CAST	Line	
Section 2 / Townsh	ip	178	Range	29E	, N	MPM,		EDDY		County	
III. DESIGNATION OF TRAI	NSPORTE	ER OF O	IL ANI	DNATU	RAL GAS						
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL		Address (Give address to which approved copy of this form is to be zent)									
Name of Authorized Transporter of Casis	Gas 🗀	P.O. BOX 60088, SAN ANGELO, TX 76901  Address (Give address to which approved copy of this form is to be sent)									
PHILLIPS 66 NATURAL GAS CO					4001 PENBROOK, ODESSA, TEXAS 79762					62	
If well produces oil or liquids, give location of tanks.	Unit   F	Sec.   35	Тwp.   17S	Rge.   29E	is gas actuali	y connected?	Wh	en ?			
f this production is commingled with that	from any ou	her lease or	.1	1	ling order numb	per:		<del></del>			
IV. COMPLETION DATA		lonw "	1 0		· · · · · · · · · · · · · · · · · · ·		,				
Designate Type of Completion	- (X)	Oil Well	1 G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth		<b>!</b>	P.B.T.D.	<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations					Top Oil/Gas Pay			7.1: 5		<del></del>	
								Tubing Der	Tubing Depth		
and audit						-		Depth Casi	ng Shoe	<del></del>	
	7	UBING,	CASIN	G AND	CEMENTIN	IG RECORI	D		<del></del>		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
	<del> </del>	<del></del>				<del></del>		<del></del>			
								<del></del>			
. TEST DATA AND REQUES	T FOD A	HOWA	DIE								
				and must	be equal to or t	exceed top allo	wahle for ti	sie denth or he	for full 24 have	\	
Date First New Oil Run To Tank	rst New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pres				Casing Pressur	<del> </del>		Chake Sies	Choke Size / // 3-07		
	Tuoning Freesure				Casing 1 100001	•		1			
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF	Gas-MCF			
GAS WELL					·	·					
ctual Prod. Test - MCF/D	Length of T	est			Bbls. Condens	ite/MMCF	<del></del>	Gravity of C	Ondensate		
sting Method (pilot, back pr.)	Tubba haran 261										
eding Metrica (puot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
I. OPERATOR CERTIFICA	ATE OF	COMPI	LIANC	E				<u> </u>			
I hereby certify that the rules and regular	tions of the C	Dil Conserva	ation		0	IL CONS	SERV	ATION [	OISIVIC	)N	
Division have been complied with and the is true and complete to the best of my kn	iat the inform lowledge and	nation giver I belief.	above		D		=	OV c.	ιο <b>0</b> 0		
	-				Date /	Approved		<u>OV 6 1</u>	1990		
Signature Controlla M.	alva	sado			By						
ESTELLA M. ALVARADO PROD ANALYST					ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title OCTOBER 26, 1990 (915) 686-5636					Title SUPERVISOR, DISTRICT IS						
Date			none 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.