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

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

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

RECEIVED

MAR - 2 1992

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

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### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

O. C. D.  
OFFICE

Operator <b>SOUTHLAND ROYALTY COMPANY</b>		Well API No.
Address P.O. Box 51810, Midland, TX 79710-1810		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain) New Well <input type="checkbox"/> Change in Transporter of: RETURN SI WELL TO PRODUCTION Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		

If change of operator give name  
and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>RJU TR1</b>	Well No. <b>14</b>	Pool Name, Including Formation <b>GRAYBURG JACKSON 7RV-QN-GB-SA</b>	Kind of Lease State <input type="checkbox"/> Federal <input type="checkbox"/> Fee <input type="checkbox"/> <b>FEDERAL</b>	Lease No. <b>LC-028775-B</b>
Location Unit Letter <b>P</b> : <b>25</b> Feet From The <b>SOUTH</b> Line and <b>1295</b> Feet From The <b>EAST</b> Line Section <b>27</b> Township <b>17S</b> Range <b>29E</b> , <b>NMPM</b> , <b>EDDY</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <b>TEXAS-NEW MEXICO PL</b> <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1510, MIDLAND, TX 79702</b>					
Name of Authorized Transporter of Casinghead Gas <b>PHILLIPS 66 NATURAL GAS CO</b> <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) <b>4001 PENBROOK, ODESSA, TX 79762</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>35</b>	Twp. <b>17S</b>	Rge. <b>29E</b>	Is gas actually connected? <b>YES</b>	When? <b>01/20/92</b>

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING 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	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Signature Roxann Scholz  
Printed Name **ROXANN SCHOLZ** Title **PRODUCTION ASST.**  
Date **02/25/92** Telephone No. **(915)688-6943**

### OIL CONSERVATION DIVISION

Date Approved **MAR 5 1992**  
By ORIGINAL SIGNED BY  
MIKE WILLIAMS  
Title SUPERVISOR DISTRICT II

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.