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

Energy, Minerals and Natural Resources Depar

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

RECEIVED Form C-104

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

OCT 29 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.	REQ					AUTHORI		O. C. D ARTESIA, OF					
Operator SOUTHLAND ROYALTY COMPANY								eii API No. 03 152 a					
												Address 21 Desta Dr., Midland, TX	70705
Reason(s) for Filing (Check proper box)	73703				X Oth	es (Please expl	ain)						
New Well		Change is	а Тлаваро	rter of:		IANGE LEAS		FROM					
Recompletion								ROBINSON JACKSON UNIT TR 2					
Change in Operator Casinghead Gas Condensate						effective 10-1-90							
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE	ASE			-1770-								
Lease Name	Well No. Pool Name, Includ						of Lease No. Foderal or Fee 40-028795.8						
RJU TR 2		15	GRAY	BURG J	ACKSON 7R	VS QN GB	SA FED	AL	1200	128773.8			
Location Unit Letter	: 19	80	_ Feet Fro	om The 🔥	DRTH Lin	e and	80 F	set From The _	EAS	+ Line			
Section 27 Townshi	p 1	178	Range	29E	, N	мрм,	<u> </u>	EDDY		County			
III. DESIGNATION OF TRAN	SPORTE	ER OF O	IL AN	D NATU	RAL GAS				_				
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL TEXAS-NEW MEXICO PL					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 of Casinghead Gas X or Dry Gas					Address (Give address to which approved copy of this form is to be sent)								
PHILLIPS 66 NATURAL GAS CO If well produces oil or liquids, Unit Sec. Tw				Rge.				ODESSA, TEXAS 79762					
give location of tanks.	F	35	178	29E									
If this production is commingled with that IV. COMPLETION DATA	from any ou	her lease or	pool, giv	e comming	ling order num	ber:							
Designate Type of Completion	- (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Com	ipi. Ready to	Prod.		Total Depth	l <u>. </u>	· · · · · · · · · · · · · · · · · · ·	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay	···	Tubing Depth					
Perforations					1			Depth Casing Shoe					
					 								
LOI E SIZE	TUBING, CASING AN				CEMENTI		D	1	SACKS CEMENT				
HOLE SIZE CASING & TUBING				IZE	DEPTH SET			S	ACKS CEM	ENI			
V. TEST DATA AND REQUES OIL WELL (Test must be after re				il and mus	he savel to on	avased top all	umble for thi	a damek an ka G	6:11 24 hav	1			
Date First New Oil Run To Tank	Date of Te		oj ioda o	a una musi		thod (Flow, pu			m juit 24 nou	rs.)			
									16:66	111 5			
Leagth of Test	Tubing Pressure				Casing Pressu	re		Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF					
GAS WELL	1				L			1.		l			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF		Gravity of Co	ondensate				
Testing Method (pitot, back pr.)	Tubing Designs (Charles)				Casing Pressure (Shut-in)			Choke Size					
1 seing Method (puot, back pr.)	Tubing Pressure (Shut-in)				Casting Presente (Silut-III)			CHOME SILL					
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE						 -			
I hereby certify that the rules and regula						DIL CON	SERV	ATION E	DIVISIO	N			
Division have been complied with and t is true and complete to the best of my k		·	en above				***						
A STATE OF THE STA					Date	Approved	d <u>BO</u>	V 6 19	90				
Exalla M.	2Lvas	ada	-										
Signature ESTELLA M. ALVADADO		PPAN	ANALY		By_		NAL SIGI	VED BY					
ESTELLA M. ALVARADO Printed Name			Title		Title	MIKE SUPER	WILLIAM	ŝ					
OCTOBER 26, 1990 Date		(915) Tele	686-56 phone No			SUPER	<u> </u>	421KICT I	}				
					11								

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.