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 Dep:

RECEIVED

Form C-104 Revised 1-1-89 See Instruction 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., Azzec, NM 87410 I.	REQ					AUTHORI		C. C. D.			
Operator / Operator								Well API No.			
SOUTHLAND ROYALTY COMPANY Address									317700		
21 Desta Dr., Midland, TX	79705										
Reason(s) for Filing (Check proper box)					X Ou	ner (Please expl	lain)				
New Well Change in Transporter of: Recompletion Oil Dry Gas						CHANGE LEASE NAME FROM					
Recompletion	ROBINSON JACKSON UNIT TR 2 Effective 10-1-90										
Change in Operator If change of operator give name	Casinghe	ad Gas _	Conden			<u>ef</u>	rectiv	<u>e 10-</u>	1-9	0	
and address of previous operator										· · ·	
II. DESCRIPTION OF WELL	AND LE	,									
Lease Name RJU TR 2		Well No. 14	1		ling Formation			of Lease Federal or Fee	_	ease No. 128715 - B	
Location		14	GRAT	BUHG J.	ACKSON /	RVS QN GB	SA FEB	Federal or Fee EAL		788173.8	
Unit Letter	_:	980	_ Feet Fro	om The _	NORTH LI	e and	780 F	eet From The	West	Line	
Section 27 Townshi	p .	178	Range	29E	, N	мрм,	 -	EDDY		County	
III. DESIGNATION OF TRAN	SPORTI	ER OF C	IL AN	D NATU	RAL GAS						
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 of Casinghead Gas X or Dry Gas PHILLIPS 66 NATURAL GAS CO					Address (Give address to which approved copy of this form is 4001 PENBROOK, ODESSA, TEXAS				n is to be se	nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 35 175 29E			is gas actually connected? When							
If this production is commingled with that IV. COMPLETION DATA	 	I	1		ling order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	1 C	as Well	New Well	Workover	Deepen	Plug Back Sa	ame Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready t	o Prod.		Total Depth	1	1	P.B.T.D.		<u></u>	
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
Perforations					1			Depth Casing Shoe			
 		TUBING.	CASIN	IG AND	CEMENTI	NG RECOR	D	1			
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
											
I. TEST DATA AND REQUES OIL WELL (Test must be after re				· · ·							
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Te		oj ioaa oi	i ana musi	, 	exceed top allo ethod (Flow, pu			full 24 hour	s.)	
								•	Bortie	£ 1D 3	
ength of Test	Tubing Pressure				Casing Pressure			Choke Size /	1.00	17	
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Choke Size / Siz			
GAS WELL				· · · · · · · · · · · · · · · · · · ·							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
/I. OPERATOR CERTIFICA	ATE OF	COL	T TART	~E	<u> </u>						
I hereby certify that the rules and regular	tions of the	Oil Conser	vation	CE		DIL CON	SERV	ATION DI	IVISIO	N	
Division have been complied with and the is true and complete to the best of my kn			II ADOVE		Data	Anneas	. 10	V 6 19 0	0		
<i>P</i>					Date	Approved					
Colella M avarado					Bv	ODICINI.	AL SIGNE	D BY			
Signature ESTELLA M. ALVARADO PROD ANALYST					By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name Title OCTOBER 26, 1990 (915) 686-5636					Title SUPERVISOR, DISTRICT II						
Date 100 Date			nhone No		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.