

Submit 5 Copies  
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

OCT 29 '90

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

O. C. D.

ARTESIA, OFFICE

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

|  |  |                                |
|--|--|--------------------------------|
| Operator<br><b>SOUTHLAND ROYALTY COMPANY</b>   |  | Well API No.<br><b>0376200</b> |
| Address<br><b>21 Desta Dr., Midland, TX 79705</b>  |  |                                |
| Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)<br>New Well <input type="checkbox"/> Change in Transporter of: <b>CHANGE LEASE NAME FROM</b><br>Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <b>ROBINSON JACKSON UNIT TR 1</b><br>Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> <b>Effective 10-1-90</b> |  |                                |
| If change of operator give name and address of previous operator   |  |                                |

**II. DESCRIPTION OF WELL AND LEASE**

|  |                       |   |  |                                 |
|--|-----------------------|---|--|---------------------------------|
| Lease Name<br><b>RJU TR 1</b>  | Well No.<br><b>15</b> | Pool Name, Including Formation<br><b>GRAYBURG JACKSON 7RVS QN GB SA</b> | Kind of Lease<br>State, Federal or Fee<br><b>FEDERAL</b> | Lease No.<br><b>LC-028775-B</b> |
| Location<br>Unit Letter <b>B</b> : <b>1295</b> Feet From The <b>NORTH</b> Line and <b>1345</b> Feet From The <b>EAST</b> Line<br>Section <b>34</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<br><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)<br><b>P.O. BOX 60088, SAN ANGELO, TX 76901</b> |                   |                    |                    |                            |        |
| Name of Authorized Transporter of Casinghead Gas<br><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)<br><b>4001 PENBROOK, ODESSA, TEXAS 79762</b>   |                   |                    |                    |                            |        |
| If well produces oil or liquids, give location of tanks.  | Unit<br><b>F</b>  | Sec.<br><b>35</b> | Twp.<br><b>17S</b> | Rge.<br><b>29E</b> | Is gas actually connected? | When ? |

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 |            |            |
| <b>TUBING, CASING AND CEMENTING RECORD</b> |                             |          |                 |          |        |                   |            |            |
| 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.

Estella M. Alvarado  
Signature  
**ESTELLA M. ALVARADO** **PROD ANALYST**  
Printed Name  
**OCTOBER 26, 1990** **(915) 686-5636**  
Date  
Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **NOV 6 1990**

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.