Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Depa.

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

OCT 29 '90

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 C. ... D. REQUEST FOR ALLOWABLE AND AUTHORIZATION ARTESIA, OFFICE TO TRANSPORT OIL AND NATURAL GAS Operator API No. SOUTHLAND ROYALTY COMPANY 03 16300 Address 21 Desta Dr., Midland, TX 79705 Reason(s) for Filing (Check proper box) Other (Please explain) New Well CHANGE LEASE NAME FROM Change in Transporter of: ROBINSON JACKSON UNIT TR 1 Dry Gas Recompletion Oil 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 LEASE Well No. Pool Name, Including Formation Lease Name Kind of Lease Lease No. State Federal or Fee FEDEAL 10 LC- 028775-B **RJU TR 1** GRAYBURG JACKSON 7RVS QN GB SA NORTH Location 660 Feet From The West 1980 Unit Letter Line and Feet From The Line Range 29E Section 34 175 **EDDY** Township NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Г TEXAS-NEW MÉXICO PL 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 4001 PENBROOK, ODESSA, TEXAS 79762 If well produces oil or liquids, give location of tanks. Twp. Rge. When? Sec is gas actually connected? F 35 175 29E If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back | Same Res'v Diff Rea'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compi. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF. RKB, RT, GR, etc.) Name of Producing Formation 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 Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Casing Pressure Tubing Pressure Gas- MCF Actual Prod. During Test Oil - Bbls Water - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved _____NOV 6 1990 m. alvarado By_ Signature ESTELLA M. ALVARADO CRIGINAL SIGNED BY PROD ANALYST MIKE WILLIAMS Printed Name Title Title_ SUPERVISOR, DISTRICT IS OCTOBER 26, 1990

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

(915) 686-5636

Telephone No.

- 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.