~~AMENDED~~

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

| | |
|---|---|
| NO. OF COPIES RECEIVED | |
| DISTRIBUTION | |
| SANTA FE | ✓ |
| FILE | ✓ |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER OIL | ✓ |
| TRANSPORTER GAS | ✓ |
| OPERATOR | ✓ |
| PRORATION OFFICE | |

# OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78

RECEIVED BY
MAY 23 1985
O. C. D.
ARTESIA, OFFICE

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

I.

Operator: Southland Royalty Company

Address: 21 Desta Drive, Midland, Texas 79705

Reason(s) for filing (Check proper box)

- New Well ☐
- Recompletion ☐
- Change in Ownership ☐
- Change in Transporter of: Oil ☒ Dry Gas ☐ Casinghead Gas ☐ Condensate ☐
- Other (Please explain): Amended Transporter of Oil. Convert WIW to Prod

If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

| Lease Name | Well No. | Pool Name, Including Formation | Kind of Lease (State, Federal or Fee) | Lease No. |
|---|---|---|---|---|
| Robinson Jackson Ut Tr. 1A | 12 | Grayburg Jackson-SR-Q-G-SA | LC 028775A | |

Location: Unit Letter A : 660 Feet From The North Line and 654 Feet From The East

Line of Section 34 Township 17S Range 29E, NMPM, Eddy 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) |
|---|---|
| Tex New Mexico Pipeline | P. O. Box 42130, Houston, Texas 77042 |
| Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ | Address (Give address to which approved copy of this form is to be sent) |
| Phillips Petroleum Co. | 4001 Penbrook, Odessa, Tx 79762 |

| If well produces oil or liquids, give location of tanks. | Unit | Sec. | Twp. | Rge. | Is gas actually connected? | When |
|---|---|---|---|---|---|---|
| | F | 35 | 17S | 29E | Yes | Unknown |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | X | | | X | | | | |

| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
|---|---|---|---|
| | 5-14-85 | 3093 | 3085 |

| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
|---|---|---|---|
| 3558' GR | San Andres | 2550 | 2825 |

| Perforations | Depth Casing Shoe |
|---|---|
| 2550-2600 (open hole 2922-3085) | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|---|---|---|---|
| 11 | 8 5/8 | 420 | 50 sx |
| 8 | 7 | 2922 | 100 sx |
| | | | Post ID-2 6-21-85 |
| | 2 3/8 | 2825 | |

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

| Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, gas lift, etc.) | |
|---|---|---|---|
| 5-14-85 | 5-24-85 | Pump. | Post ID-3 6-21-85 |
| **Length of Test** | **Tubing Pressure** | **Casing Pressure** | **Choke Size** |
| 24 hrs. | | | Conv. WIW to oil well |
| **Actual Prod. During Test** | **Oil-Bbls.** | **Water-Bbls.** | **Gas-MCF** |
| | 6 | 380 | 0 |

GAS WELL

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

VI. 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)
Engineering Assistant
(Title)
5/22/85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUN 18 1985, 19____

BY Original Signed By
Les A. Clements

TITLE Supervisor District II

This form is to be filed in compliance with RULE 1103.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.