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

State of New Mexico

Energy, Minerals and Natural Resources Depai

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

OIL CONSERVATION DIVISION P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

O. C. D.

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR A	LLOWAE	BLE AND	AUTHORIZ	ZATION A	ARTESIA, OFFI	CE				
I. TO TRANSPORT OIL AND NATURAL GAS							Nell A	Well API No.					
Operator SOUTHLAND ROYALTY COMPANY								376500					
Address	70705												
21 Desta Dr., Midland, TX Reason(s) for Filing (Check proper box)	79705				X Oth	et (Please expla	iin)						
New Well								CHANGE LEASE NAME FROM					
Recompletion	Oil		Dry G		RO	ROBINSON JACKSON UNIT TR 1A							
Change in Operator	Casinghea	d Gas	Conde	aute 🔲	effective 10-1-90								
If change of operator give name and address of previous operator									·				
II. DESCRIPTION OF WELL	AND LE	ASE		·									
Lease Name	Well No. Pool Name, Including				ng Formation Kind of								
RJU TR 1A		12	GRA	YBURG JA	CKSON 7F	VS QN GB S	SA FEDE	Federal or Fee AL	2(-0	207.2			
Location Unit LetterA	:lale	.0	. Feet F	rom The	Serttin	e and65	4 Fe	et From The _	EAST	Line			
Section 34 Township 17S Range 29E					, NMPM,			EDDY County					
					212								
III. DESIGNATION OF TRANS		or Conden		ND NATU	Address (Gir	e address to wh	rich approved	copy of this for	rm is to be se	ni)			
Name of Authorized Transporter of Oil					P.O. BOX 60088, SAN ANGELO, TX 76901								
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA, TEXAS 79762								
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge			Rge.	Is gas actually connected? When			7					
If this production is commingled with that f	rom any oti	ner lease or	pool, gi	ve comming	ling order num	ber:							
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.)	GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations					<u> </u>	<u>-</u>		Depth Casing Shoe					
TUBING, CASING AND					CEMENTI	NG RECOR	D	1					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			S	SACKS CEMENT				
					ļ			 	·				
	7.505	A L L OVIV	ATIT		<u> </u>								
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR A	ALLOW	ABLE	i Lail amd musa	he equal to o	r avceed ton all	owahle for thi	s denth or he fo	er full 24 hou	rs.)			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Producing M	ethod (Flow, p	emp, gas lift, i	etc.)									
					Casing Press	1100	. <u></u>	Choke Size	Paster	<u>4 1/2 3</u>			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size 11. 3 (Choke Size 11. 4 (
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF					
GAS WELL	<u> </u>						-						
Actual Pred. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate					
								Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Close Size					
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION								
I hereby certify that the rules and regulations of the Oil Conservation					1	OIL COI	NOLIN V	A HON L		7: 4			
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								
Eddle M. alvarado													
Signature ESTELLA M. ALVARADO PROD ANALYST					∥ _B y_	By ORIGINAL SIGNED BY MIKE WILLIAMS							
Printed Name Title					Title	MIKE SUPE	WILLIAN	DISTRICI	19				
OCTOBER 26, 1990 (915) 686-5636 Date Telephone No.						3.4							

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.