Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Depa int

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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Form C-104 Revised 1-1-89 See Instruction

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DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	JEST F	OR AL	LOWAE	BLE AND	AUTHO	RIZA"	TIOŊ _a	D. C. D. Esia, office			
I. TO TRANSPORT OIL AND NATURAL GAS									Well API No.			
Operator SOUTHLAND ROYALTY COMPANY								Well A	377700			
Address	70705											
21 Desta Dr., Midland, TX Reason(s) for Filing (Check proper box)	79705				X Oth	et (Please e	xplain)					
New Well		Change in	Transpor	rter of:		HANGE LI	•	NAME F	ROM			
Recompletion	Oil		Dry Gar		RO	DBINSON	JACKS	SON UNI	T TR 2A			
Change in Operator Casinghead Gas Condensate Pffetive									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								Lease No.			
RJU TR 2A		25	GRAY	BURG JA	CKSON 7F	VS QN G	B SA	FEBE	Federal or Fee AL	AC-0.	28775-B	
Location					/		_			_		
Unit Letter	:_20	.15			ORTH Lin	e and _/2	2 <i>95</i>		et From The	EAS	Line	
Section 35 Township	, 1	75	Range	29E	, N	MPM,		<u> </u>	EDDY	 -	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS							
lame of Authorized Transporter of Oil Or Condensate TEXAS-NEW MEXICO PL					Address (Give address to which approved of P.O. BOX 60088, SAN				1			
Name of Authorized Transporter of Casing PHILLIPS 66 NATURAL GAS	ame of Authorized Transporter of Casinghead Gas X or Dry Gas Dull LIDS 66 NATURAL GAS CO					Address (Give address to which approved 4001 PENBROOK. OF				copy of this form is to be sent) DESSA, TEXAS 79762		
If well produces oil or liquids, give location of tanks.	Unit F	Sec. 35	Twp.	Rge.	Is gas actually connected? When?							
If this production is commingled with that f		<u> </u>	<u>. </u>		ing order num	ber:		٠			<u> </u>	
IV. COMPLETION DATA	nom any or	ici iciae oi	hou, B.	· •••••		_						
		Oil Well	0	as Well	New Well	Workove	r I	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>				1	l_				L	
Date Spudded	Date Com	pi. 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			
					CTT CT TT	NO BEO	000		L			
	TUBING, CASING AND					DEPTH SET				SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING				DEPTH SET				ONORO DEMERT			
						· - · · · · · · · · · · · · · · · · · ·						
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE									
OIL WELL (Test must be after re			of load o	oil and must	be equal to o	exceed top	allowal	ble for this	depth or be fo	r full 24 hours	f.)	
Date First New Oil Run To Tank	Date of To	est			Producing M	ieruog (1.10)	v, pump,	gas iyi, e	ic.j	De Tid	10.3	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size 11-9-90			
					- B11				Gas- MCF	Camy	8/19	
Actual Prod. During Test	Oil - Bbls	•			Water - Bbis	•			Gas- Mici		1	
GAS WELL	<u> </u>			· · · · · ·					·		· · · · · ·	
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Co	Gravity of Condensate		
Tosting Method (pitot, back pr.)	Tubing Pr	essure (Shu	t-in)		Casing Press	ure (Shut-in	1)		Choke Size			
VI. OPERATOR CERTIFIC	ATE O	COMF	PLIAN	ICE					A 71011		• •	
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
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 6 1990							
C		_	,		Date	s whhio	veu		- 0 18 1	U		
sotella M	alv	mad	Lo_		By_					•		
Signature ESTELLA M. ALVARADO PROD ANALYST						UMGINAL SIGNED BY						
Printed Name	Title CUREDVICOR DISTRICT IS											
OCTOBER 26, 1990	(915) 686–5636											

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.

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.