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State of New Mexico .ergy, Minerals and Natural Resources Departs. ...

OIL CONSERVATION DIVISION

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OCT 29'90

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

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

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 I.	REQ	UEST F	OR A		OWAE	BLE AND A	AUTHOR	IIZATI SAS	ON ,	C. C. D. TESIA, OFFIC	: E		
I. TO TRANSPORT OIL AND NATURAL GAS Well Well										API No.			
SOUTHLAND ROYALTY COMPANY										318200			
21 Desta Dr., Midland, TX	79705												
Reason(s) for Filing (Check proper box)						X Othe	et (Please exp	dain)					
New Well		Change in	Transp	porter	of:		IANGE LEA						
Recompletion	Oil		Dry C)as		RO	ROBINSON JACKSON UNIT TR 1A						
Change in Operator	Casinghe	ad Gas 🔲	en en le	: 🗆		effec	tiv	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, Includi				ng Formation			f Lease		ase No.	ادے	
RJU TR 1A		3	GRA	YBU	IRG JA	CKSON 7R	VS QN GB	SA	FEBE	Federal or Fee AL	20-0	28775	, 3
Location Unit Letter	:_6	60	_ Feet I	From	The 🚣	ORTH Line	and	60	Fe	et From The _	West		ine
Section 35 Townshi	p 1	178	Range	e 29	9E	, NN	ирм,			EDDY		County	
III. DESIGNATION OF TRAN	SPORTE			ND I	NATU	RAL GAS		ukish sa		aams of this fo	is to be se		
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL TO Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 60088, SAN ANGELO, TX 76901							
Name of Authorized Transporter of Casinghead Gas PHILLIPS 66 NATURAL GAS CO						ļ	4001 PEN		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. 29E	is gas actually	y connected?	<u> </u>	When	?			
If this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, g			<u>,</u> ,							
Designate Type of Completion	- (X)	Oil Well	i	Gas	Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res	ı'v
Date Spudded	Date Com	ipi. Ready t	o Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas I	Pay			Tubing Depth			
Perforations									Depth Casing Shoe				
	TUBING, CASING AND					CEMENTI	NG RECO	RD_					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
	.ļ												
	 _												
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	E				,	المسالة		f 6.11.24 b		
OIL WELL (Test must be after r			of load	oua	na musi	Producing Me	thod (Flow t	numn en	e lift.	tc)	or juit 24 now	3.)	
Date First New Oil Run To Tank	Date of Test								Choke Size	poste	NID	73	
Length of Test	Tubing Pressure				Casing Pressu				name Cha				
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.				Gas- MCF			
GAS WELL										<u>. </u>			
Actual Prod. Test - MCF/D	Length of Test					Bbis. Conden	sate/MIMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC				NC.	E		OIL COI	NSE	RVA	ATION I	DIVISIO	N	
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							
to true and complete to the ocal or my i		OUIGI.				Date	Approve	ed _	NU	<u> </u>			
Signature						By ORIGINAL SIGNED BY							
Signature ESTELLA M. ALVARADO PROD ANALYST						MIKE WILLIAMS							
Printed Name OCTOBER 26, 1990		(915)			16	Title.	SUP	ERVIS	OR, [DISTRICT	iT		
Date		Tele	ephone	No.		H							

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.