

NO. OF COPIES REQUIRED	3
DISSEMINATION	
DATE	1
TIME	1
UNIT	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	1
REGISTRATION OFFICE	
Operator	

OIL CONSERVATION DIVISION
P. O. BOX 7088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 13 1979

Southland Royalty Company		O. C. C. ARTESIA, OFFICE
Address 1100 Wall Towers West, Midland, Tx 79701		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:	Effective 2-1-79
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of ownership give name and address of previous owner Shenandoah Oil Corp., 1500 Commerce Bldg., Ft. Worth, Tx 76102		

I. DESCRIPTION OF WELL AND LEASE		Kind of Lease	Lease No.
Lessee Name Robinson Jackson Unit Tr2A	Well No. 11	State, Federal or Fee Federal	LC028775-B
Location Unit Letter C; 660 Feet From The North Line and 1980 Feet From The West			
Line of Section 35	Township 17S	Range 29E	County Eddy

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Water Injection Well	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		None	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.

V. COMPLETION DATA		If this production is commingled with that from any other lease or pool, give commingling order number:	
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well
Date Spudded	Date Compl. 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	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Dble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

7. 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.

C. Harney Carr
(Signature)
District Engineer
(Title)
3-1-79
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1979

BY Mike Williams
OIL AND GAS INSPECTOR

TITLE _____

This form is to be filed in compliance with RULE 104.

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 change of condition.

Separate Form C-104 must be filed for each pool in multiple completed wells.