Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

FEB 2 6 1992

P.O. Drawer DD, Artesia, NM 88210		Sant	a Fe, New M	exico 875	04-2088			1002	1	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.			R ALLOWAE				O. C. D	FICE	D	
Operator SOUTHLAND ROYALTY COMPANY						Well API No. 30-015-03787				
Address P.O. Box 51810, Midland,	TX 79	710–181	0							
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghead	_	ransporter of:		ner <i>(Please explo</i> URN TO PRO					
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEA	SE				-				
Lesse Name RJU TR 2A		1	ool Name, Includi RAYBURG JA	•	OVS ON CD S		of Lease Federal or Fee RAL		ase No. 28775-B	
Location							RAL			
Unit Letter A	: 1295	F	eet From The NC	ORTH Lie	e and 1295	Fe	et From The E	AST	Line	
Section 35 Township	, 17	rs R	ange 29E	, N	мрм,		EDDY		County	
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL Or Condensate				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1510, MIDLAND, TEXAS 79702					-	
Name of Authorized Transporter of Casinghead Gas X or Dry Gas PHILLIPS 66 NATURAL GAS CO					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. F 35 178 29E			Is gas actually connected? When YES						
f this production is commingled with that f	rom any othe	er lease or poo		ing order num						
IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded		. Ready to Pr	1	Total Depth	1	<u> </u>	P.B.T.D.		<u>İ</u>	
				r.s.1.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations							Depth Casing Shoe			
TUBING, CASING AND						D				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				he equal to or	exceed top allo	wable for this	depth or be for	r full 24 hour:	e.)	
Date First New Oil Run To Tank	Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				1			<u> </u>	• •		
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATION OF A CONTROL OF A	tions of the C	Dil Conservati nation given s	Oß.		OIL CON		ATION D Ar 1 3 1		N	
- Koronn Siha	le			By_	ORIGINA	I SIGNET	ВУ			
Signature ROXANN SCHOLZ PROD ASST.				MIKE WILLIAMS						
Printed Name 02/24/92	Title 915/688-6943			Title SUPERVISOR, DISTRICT IT						

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.

Title 915/688-6943 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.