

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

Operator Southland Royalty Company ✓		Well API No.
Address 21 Desta Drive, Midland, Texas 79705		MAR 14 '90
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		Other (Please explain) as of 3-1-90
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name F.M. Robinson B Unit III	Well No. 18	Pool Name, Including Formation Grayburg-Jackson(SR.O.G.SA)	Kind of Lease State, Federal or Fee XXX XXXX	Lease No. NM 21866
Location Unit Letter 0 : 660 Feet From The South Line and 1980 Feet From The East Line Section 35 Township 17S Range 29E, NMPM, Eddy County				

EOTT Energy Operating LP

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Enron Trading & Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 10607, Midland, Texas 79705					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit 0	Sec. 35	Twp. 17S	Rge. 29E	Is gas actually connected? No	When ?

VI. OPERATOR 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.

Signature
Barbara Carter Noland
Printed Name
3-9-90
Date
915-686-5600
Telephone No.

Prod. Assistant
Title

OIL CONSERVATION DIVISION

Date Approved MAR 21 1990

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

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.

Post ID-3
3-13-90
wch BT: TNM