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

State of New Mexico lergy, Minerals and Natural Resources Departs

RECEIVED

Form C-104
Revised 1-1-8'
See Instructions
at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OCT 29 '90

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410			_			BLE AND			O. C. D.	_		
I. TO TRANSPORT OIL AND NATURAL GAS Operator									Well API No. 30-015- 23-432			
SOUTHLAND ROYALTY COMPANY Address									9082900			
21 Desta Dr., Midland, TX	79705											
Reason(s) for Filing (Check proper box)			_			_	et (Please exp	*	EDOM.			
New Well	Oil	Change in	Drv G		:: 			ASE NAME ACKSON U				
Recompletion U		effective 10-1-90										
If change of operator give name and address of previous operator	<u>-</u>											
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	Well No. Pool Name, Includ			ng Formation Kind o			of Lease					
RJU TR 2A		33	GRA	YBUR	G JA	ICKSON 7R	VS QN GB	SA FE	Federal or Fee EAL	7000	28773-0	
Unit Letter	:3	385	_ Feet F	rom Ti	he _/), RTH Lin	e and <u>13</u>	ا کے	eet From The _	EAST	Line	
Section 27 Township	, 1	78	Range	29E	<u> </u>	, N	мрм,		EDDY	· · · ·	County	
III. DESIGNATION OF TRAN	SPORTE			ND N	ATU:							
Name of Authorized Transporter of Oil TEXAS-NEW MEXICO PL TOTAL OF 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 X or Dry Gas PHILLIPS 66 NATURAL GAS CO					\equiv	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 F	Sec.	Twp.		Rge.	is gas actual		Whe				
If this production is commingled with that if IV. COMPLETION DATA	from any ot	1	1	1 -		ing order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	ı İ	Gas W	'ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Com	pi. Ready to	o Prod.			Total Depth	1,	_ <u></u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay		Tubing Depth			
Perforations						<u> </u>		 	Depth Casing	Depth Casing Shoe		
		TUBING.	CASI	ING A	AND	CEMENTI	NG RECO	RD				
HOLE SIZE							DEPTH SE		S	SACKS CEMENT		
									_			
											·····	
	 											
V. TEST DATA AND REQUES OIL WELL (Test must be after re						he equal to o	e around ton a	llowable for t	hie dansk om he f	or full 2d hou	me)	
OIL WELL (Test must be after red Date First New Oil Run To Tank	Date of Te		oj ioaa	ou and	1 must			pump, gas lift.		n juli 24 nos	vs.,	
									Choke Size	12.50	110	
Length of Test	Tubing Pressure				Casing Pressure			CHORE SIZE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL	1					I						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE			OII	MOED'	ATION!			
I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my is			en abov	/C		Date	Approv	ed	IOV 6 1	990		
Estello M	al	arad	<u>-</u>				• •					
Signature ESTELLA M. ALVARADO PROD ANALYST						By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed Name OCTOBER 26, 1990		(915)			<u> </u>	Title			DISTRICT	!9		
Date		Tel	ephone i	No.		11						

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.