

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

Operator TEXAKOMA OIL AND GAS CORPORATION		Well API No. 30-045-28866
Address One Lincoln Centre, 5400 LBJ Freeway, Suite 500, Dallas, TX 75240		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Change is Operator <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Texakoma Statewide Blanket Bond No. B04001		
If change of operator give name and address of previous operator RICHARDSON OPERATING COMPANY, 1700 Lincoln St., #1700, Denver, CO 80203		

II. DESCRIPTION OF WELL AND LEASE

Lease Name ROPCO FED FC 5	Well No. 2	Pool Name, Including Formation BASIN FRUITLAND COAL	Kind of Lease State, Federal or Fee	Lease No. NMNM-021118
Location (S/2 spacing) Unit Letter K : 2015 Feet From The South Line and 1765 Feet From The West Line Section 5 Township 29 North Range 12 West, NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil N/A	or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) N/A				
Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS	or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1492, El Paso, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected? Yes	When?
If this production is commingled with that from any other lease or pool, give commingling order number: N/A						

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (D.F., R.K.B., R.I., G.R., 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

V. 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 Tank	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	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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
Jack Andrews, Operations Manager
Printed Name
Title
(214) 701-9106
Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 1993

By
SUPERVISOR DISTRICT #8
Title

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...