

DISTRICT II
P.O. Drawer DD, Anesia, 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.
30-045-28907

Address
One Lincoln Centre, 5400 LBJ Freeway, Suite 500, Dallas, TX 75240

Reason(s) for Filing (Check proper box)
New Well ☐ Other (Please explain) ☐
Recompletion ☐ Change in Transporter of: ☐ Texakoma Statewide Blanket
Change in Operator ☒ Oil ☐ Dry Gas ☐ Bond No. B04001
Casinghead Gas ☐ Condensate ☐

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
FED FC 5

Well No.
1

Pool Name, Including Formation
BASIN FRUITLAND COAL

Kind of Lease
State, Federal or Fee

Lease No.
NMNM-021118

Location
(N/2 spacing)
Unit Letter A : 1111' Feet From The North Line and 942 Feet From The South 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

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

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

V. 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 (IDF, 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 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

VII. 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

Date

Telephone No.

OIL CONSERVATION DIVISION

Date Approved
NOV 12 1993

By
SUPERVISOR DISTRICT #3

Title