CONFIDENTIAL

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

RECEIVED
MAY 06 1993
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Texakoma Oil & Gas Corporation	30-045-28939
Address 5400 LBJ Freeway, One Lincoln Centre, Suite 500, Dallas, Texas 75240	

Reason(s) for Filing *(Check proper box)*

New Well [X] Change in Transporter of:
Recompletion [ ] Oil [ ] Dry Gas [ ]
Change in Operator [ ] Casinghead Gas [ ] Condensate [ ]
Other *(Please explain)* [ ]

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
San Juan Federal ~~32~~	2	Fruitland Coal (BASIN)		NM024158

Location
Unit Letter ~~NW SW~~ L : 1620 Feet From The South Line and 900 Feet From The West Line
Section 20 Township 30N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [ ]	Address *(Give address to which approved copy of this form is to be sent)*
Name of Authorized Transporter of Casinghead Gas [ ] **or Dry Gas** [X]	**Address** *(Give address to which approved copy of this form is to be sent)* TX 75240
Texakoma Oil & Gas Corporation	5400 LBJ Frwy, One Lincoln Centre #500, Dallas,

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					No	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

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Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	Elevations *(DF, RKB, RT, GR, etc.)*
03/22/93	04/27/93	1,919'	5,693' GR

Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Fruitland Coal	1,720'	~~1,815'~~ 1805	1,917'

Perforations
1721' - 1722', 1765' 1790' SDLM

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8"	~~321'~~ 309	220 sx Class "B"
7 7/8"	5 1/2"	1,917'	100 sx POZ + 100
	2 3/8"	~~1,815'~~ 1805	210 SX Neat

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**

Well currently completing now. Will need to turn well down sales pipeline to test when ready. Will update test information by Sundry when available.

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	04/28/93		
Testing Method *(pitot, back pr.)*	**Tubing Pressure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
	380 psi	380 psi	

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.

G.M. Pecorino
Signature

G.M. Pecorino — Drlg. Manager
Printed Name — Title

04/23/93 — (214) 701-9106
Date — Telephone No.

OIL CONSERVATION DIVISION

Date Approved MAY 06 1993

By _____

Title SUPERVISOR DISTRICT #3

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.