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

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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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

30-045-28974

Operator TEXAKOMA OIL & GAS CORPORATION	Well API No. N/A
Address 5400 LBJ Freeway, One Lincoln Centre, Suite 500, Dallas, Texas 75240	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

~~CONFIDENTIAL~~

II. DESCRIPTION OF WELL AND LEASE

Lease Name Foothills "C" 11242	Well No. 1	Pool Name, Including Formation Basin (Fruitland Coal)	Kind of Lease State, Federal or Fee	Lease No. USA-NM-048576
Location Unit Letter B : 890 Feet From The North Line and 1375 Feet From The East Line Section 19 Township 30 N Range 12 W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> WATER POD# 2804689	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> TEXAKOMA O & G 2804689	Address (Give address to which approved copy of this form is to be sent) 5400 LBJ, Suite 500, Dallas, TX. 75240	
If well produces oil or liquids, give location of tanks. NA	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?	When ?	
Yes	7/1/93	

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

IV. COMPLETION DATA

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 6/2/93	Date Compl. Ready to Prod. 7/2/93		Total Depth 2050' md		P.B.T.D. 2005'			
Elevations (DF, RKB, RT, GR, etc.) 5844' GR; 5857 KB	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1870'		Tubing Depth 1980'			
Performances 1870' - 1872'; 1916' - 1941'; 1950' - 1951'					Depth Casing Shoe 2050 MD			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8" 24# J-55		335' MD		230 SX "B"			
7 7/8"	5 1/2" 15.5# J-55		2050' MD		310 SX 4/10			
4.95"	2 3/8" 4.7# J-55		1980'		NA			

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

RECEIVED
JUL 6 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 302.9	Length of Test 3 hrs	Bbls. Condensate/MMCF 0	Gravity of Condensate 50
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) 60#	Casing Pressure (Shut-in) 60#	Choke Size 1/2"

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
Dennis Cronkhite, P.E. Operations Engr.
Printed Name
7-2-93
Date
214-701-9106
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 8 1993
By [Signature]
SUPERVISOR DISTRICT #3
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 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.

