

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

## OIL CONSERVATION DIVISION

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

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texakoma Oil & Gas Corporation	Well API No. 30-045-28991
Address 5400 LBJ Freeway, 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	

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Texakoma-Amoco A	Well No. 1	Pool Name, Including Formation Basin (Fruitland Coal)	Kind of Lease <del>State-Federal Fee</del>	Lease No. N/A
Location				
Unit Letter A	: 840	Feet From The North	Line and 890	Feet From The East
Section 21	Township 30N	Range 12W	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"/> N/A Water Pool # 3804905	Address (Give address to which approved copy of this form is to be sent) N/A			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Texakoma Oil & Gas Corpotaion 3804904	Address (Give address to which approved copy of this form is to be sent) 5400 LBJ Freeway, Suite 500, Dallas, TX 75240			
If well produces oil or liquids, give location of tanks. N/A	Unit	Sec.	Twp.	Rge.
Is gas actually connected?			When?	
No			12/1/93	
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
		X	X					
Date Spudded 11/6/93	Date Compl. Ready to Prod. 12/1/93		Total Depth 1947'		P.B.T.D. 1899'			
Elevations (DF, RKB, RT, GR, etc.) 5662 (GL); 5664 (KB)	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1803'		Tubing Depth 1866'			
Perforations 1765'-1767'; 1805'-1828' 1823-1830					Depth Casing Shoe 1945'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"/24"		175'		100sx			
7-7/8"	5-1/2"/15.5#		1945'		100sx Poz A & 275sx			
4.95	2-3/8"/4.7#		1866'		N/A			

### 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
			OIL CON

### GAS WELL

Actual Prod. Test - MCF/D 155 MCF/D	Length of Test 24 hr.	Bbls. Condensate/MMCF -0-	Gravity of Condensate N/A
Testing Method (pilot, back pr.) Back Pr.	Tubing Pressure (Shut-in) ---	Casing Pressure (Shut-in) 400 psig	Choke Size 3/8"

### 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 Eng.  
Printed Name  
11/29/93  
Date  
214/701-9106  
Telephone No.

### OIL CONSERVATION DIVISION

Date Approved DEC 1 0 1993

By ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.

