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

State of New Mexico  
Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

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

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. 30-045-28994	
Address One Lincoln Centre, 5400 LBJ Frwy., Ste. 500, Dallas, TX 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 checked="" 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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or <u>Fee</u>	Lease No.
Texakoma-Farmington	1	Basin (Fruitland Coal)	<u>X</u>	NA
Location				
Unit Letter <u>A</u> : <u>1265</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>East</u> Line				
Section <u>30</u>	Township <u>30N</u>	Range <u>12W</u>	<u>NMPM</u> 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"/>					Address (Give address to which approved copy of this form is to be sent)	
NA						
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Texakoma Oil & Gas Corporation					5400 LBJ Frwy., Ste. 500, Dallas, TX 75240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
					yes	

If this production is commingled with that from any other lease or pool, give commingling order number: no

#### 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 1/22/94	Date Compl. Ready to Prod. 4/7/94		X	X					
		Total Depth 1810'					P.B.T.D. 1781'		
Elevations (DF, RKB, RT, GR, etc.) 5622 (GR); 5674 (KB)		Name of Producing Formation Fruitland Coal			Top Oil/Gas Pay 1665' (MD)		Tubing Depth 1740'		
Perforations 1666' - 68'; 1682-1706'							Depth Casing Shoe 1810'		

### TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" / 24#	179'	130 sx "B"
7-7/8"	5-1/2" / 15.5#	1810'	450 sx "A"
4.95"	2-3/8" / 4.7#	1740'	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

## GAS WELL

Actual Prod. Test - MCF/D Well Capable of Commercial Production	Length of Test 5 1/2	Bbls. Condensate/MMCF 176	Gravity of Condensate 0
Testing Method (pilot, back pr.) back pr.	Tubing Pressure (Shut-in) 0 10	Casing Pressure (Shut-in) 0	Choke Size 1 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. Oper. Eng.  
Printed Name 3/28/94 Title  
Date (214) 701-9106 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved 23 2 1994

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.