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Appropriate District Office
DISTRICT I
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

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

RECEIVED
DEC 29 1993
OIL CON. DIV.

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Texakoma Oil & Gas Corporation 22521	Well API No. DIST. 3 30-045-29027
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: <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>
If change of operator give name and address of previous operator	

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II. DESCRIPTION OF WELL AND LEASE

Lease Name Texakoma Foothills "D" 13216	Well No. 1	Pool Name, including Formation Basin (Fruitland Coal) 11629	Lease No. M-048576
Location Unit Letter K : 1680 Feet From The South Line and 1495 Feet From The West Line Section 19 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"/> W. F. 2810210	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"/> Texakoma Oil & Gas Corp. 2810209	Address (Give address to which approved copy of this form is to be sent) 5400 LBJ Freeway, Ste. 500, Dallas, TX 75240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When?

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

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 12/02/93	Date Compl. Ready to Prod. 1/1/94	Total Depth 2009'	P.B.T.D. 1980'					
Elevations (DF, RKB, RT, GR, etc.) 5822 (GR); 5828 (KB)	Name of Producing Formation Fruitland Coal	Top Oil/Gas Pay 1866'	Tubing Depth 1917'					
Performances 1838'-41'; 1867'-92'; 1900-02'			Depth Casing Shoe 1980'					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4:	8-5/8"/24#	179	130 sx					
7-7/8"	5-1/2"/15.5#	1980	310 sx					
4.95	2-3/8"/4.7	1917	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 N/A	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 COMERCIAL PRODUCTION	Length of Test	Bbls. Condensate/MWCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) -0-	Casing Pressure (Shut-in) -0-	Choke Size

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. Operating Engineer
Printed Name Title
12/21/93 214/701-9106
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JAN - 3 1994

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.

