Copies

printe 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I.		TO TRAN									
Operator	TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
TEXAKOMA OIL & GAS CORPORATION 2252								30-045-26514			
Address				752	40						
5400 LBJ FREEWAY, SU. Reason(s) for Filing (Check proper box)	IIE JUU	, DALLAS	, 11			her (Please expl	ain)				
iew Well		Change in Tra	nasporte	er of:	نــا	,	•				
Recompletion	Oil		ry Gas								
Change in Operator XX Just 1	2. Casingheac		ondenm				amost M	07/00			
change of operator give name BUI	RR OIL	OAS, I	NC .	P.O.	BOX 50	, FARMIN	GTON, NM	87499	<u> </u>		
II. DESCRIPTION OF WELL AND LEASE									(Lee)		
case Name	Well No. Pool Name, Includia				ng Formation	76600		Lease No.			
AMOCO 15	631	1				UITLAND	XXX.	Pederal ox Forx	NM024	158	
ocation									am		
Unit Letter A	_ :810	<u>0 Fe</u>	et Fron	n The	NORTH L	ne and88	<u>0</u> Fe	et From The	EAST	Line	
21	30	N _		12W	,		SAN JUAN	1		County	
Section Townshi	P	Ra	nge		, P	IMPM,				County	
I. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND	NATU	RAL GAS						
ame of Authorized Transporter of Oil		or Condensate		7	Address (G	ive address to w	hich approved	copy of this form	is to be set	d)	
Water	649	650	_					Call's Com			
ame of Authorized Transporter of Casia EL PASO NATURAL GAS (•		Dry G		Address (G	ive address to w OX 4990,	<i>hick approved</i> FARMING	copy of this form	87499	4)	
well produces oil or liquids.	l Unit	Sec. TV	<u>6.3</u> mp.	Rge.		lly connected?	When				
e location of tanks.			~r	1.49~	1 -	ZES	i	1/86			
this production is commingled with that	from any other	er lease or poo	d, give	comming	ing order sur	nber: NM	1015P358	7C317			
COMPLETION DATA								()	D .t.	Diff Back	
Designate Type of Completion	- 000	Oil Well		s Well	New Well	Workover	Deepen	Plug Back S	EDE Kesv	Diff Res'v	
te Spudded		I. Ready to Pro		XX	Total Depth		1	P.B.T.D.			
		•				Top Oil/Gas Pay			Tubing Depth		
evations (DF, RKB, RT, GR, etc.)	Name of Pr										
								Depth Casing Shoe			
rforntions								Deput Catalog	MAC		
		URING C	A STNI	G AND	CEMENT	ING RECO	SD	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
								 			
											
TEST DATA AND REQUES	T FOD A	IIOWAR	LF								
IL WELL (Test must be after r	ecovery of tol	al volume of l	load oil	and must	be equal to	or exceed top al	lowable for the	s depth on be for	6al 2640	(a) (a) (b) (b)	
ate First New Oil Run To Tank	Date of Tes		-		Producing !	Method (Flow, p	nemp, gas lift,	etc.)			
					ļ			Choke Size			
ngth of Test	Tubing Pres	MILE			Casing Pres	ente		CHOICE SIZES	NOV	1 1993	
ual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas-MCFOIL CON. DI			
UII - DOIS.											
AS WELL	1	_ 	-						Di.	31. 3	
AS WELL Tual Prod. Test - MCF/D	Length of T	Cest	-	· · · · · · · · · · · · · · · · · · ·	Bbls. Cond	camte/MMCF		Gravity of Co	adensate		
					İ						
ting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size		
	1				\	<u> </u>					
I. OPERATOR CERTIFIC	ATE OF	COMPLI	IAN(CE			NSERV	'ATION [NVISI	NC	
I hereby certify that the rules and regul						JIL UU		1 40			
Division have been complied with and is true and complete to the best of my		-	BOUVE		n=	A A ====		10A T 1:	777		
	, .				Dat	te Approv		_ 1			
Keny Kennel	NY						3.	i) Ch			
Signature	- 1				Ву			VISOR DIS		13	
RENE KENNEDY Printed Name	PRODU	ICTION A	<u>NALY</u> itte	ST	Tai	,	SUPER	מוסטח טוט	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
09-09-93	214/7	01 <u>-9106</u>			Titl	ศ					
Date		Telepho	one No).							

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.

