

Submit 5 Copies
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator TEXAKOMA OIL & GAS CORPORATION		Well API No. 30-045-28917
Address 5400 LBJ FREEWAY, SUITE 500, DALLAS, TX 75240		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	<i>See letter head Water prod # 2805196</i>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator J.K. EDWARDS ASSOCIATES, INC., 1331-17TH ST, #710, DENVER CO 80202		

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 8 FC	Well No. 2	Pool Name, Including Formation BASIN (FRUITLAND COAL)	Kind of Lease State Federal 2020	Lease No. NM 0498
Location Unit Letter <u>N</u> : 1060 Feet From The <u>SOUTH</u> Line and 1890 Feet From The <u>WEST</u> Line Section 8 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 checked="" type="checkbox"/> <i>POD # 2805195</i>	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 OIL & GAS CORPORATION	Address (Give address to which approved copy of this form is to be sent) 5400 LBJ FRWY, #500, DALLAS, TX 75240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twps.	Rge.
		Is gas actually connected? YES
		When? 4/10/93

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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 of well (see 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
AUG 13 1993
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	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 [Signature]
DENNIS CRONKHUTE, P.E. OPERATIONS ENG.
Printed Name Title
8/11/93 214-701-9106
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 13 1993
By [Signature]
Title SUPERVISOR DISTRICT #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.

CMD :
OG6WCMP

ONGARD
C104-AUTHORIZATION TO TRANSPORT

07/01/94 15:20:27
OGOAD -EMDT

OGRID Idn : 22521 API Well No : 30 45 28917 Pool Code : 71629
Operator Name : TEXAKOMA OIL & GAS CORP
Prop Name : FEDERAL 8 FC Well No : 002
B.H. Location: UL : 14 Sec : 8 Twp : 30N Range : 12W Lot Idn :
Prod Method (F/P) : F C104 Aprvl Dte : 08-13-1993 Gas Conn Dte :
NFO Permit No : NFO Eff Dte : NFO Exp Date :
Remove POD from WC: N Remove Transporter from POD : N
Sel:

Transporter Idn : 22521 Name : TEXAKOMA OIL & GAS CORP
Point of Disp : 2522630 Transporter type (G/O/W) : G
Transporter Idn : 36401 Name : BOGUS WATER HAULER
Point of Disp : 2522650 Transporter type (G/O/W) : W
Transporter Idn : Name :
Point of Disp : Transporter type (G/O/W) :
Production Test : First Oil Prod Dte : 05-01-1993 Gas Dlv Date: 05-01-1993
Test Date : Tubing Pressure : Choke Size :
Oil(BOPD) : Gas(MCFD) : Water(BPD) :
AOF(MCFD) :

M0015:Table update is successful.

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06 CONFIRM
PF07	PF08	PF09 COMMENT	PF10	PF11	PF12 NXTRNSP