

DISTRIBUTION
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

REQUEST FOR PERMIT TO TRANSPORT OIL AND NATURAL GAS	
Operator TEXAKOMA OIL & GAS CORPORATION	Well API No. 30-045-28927
Address 5400 LBJ FREEWAY, SUITE 500, DALLAS, TX 75240	
Reason(s) for Filing (Check proper box)	
New Well <input type="checkbox"/>	<input type="checkbox"/> Other (Please explain)
Recompletion <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
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 <u>J.K. EDWARDS ASSOCIATES, INC., 1331-17TH ST, #710, DENVER CO</u>	

II. DESCRIPTION OF WELL AND LEASE

Lease Name FEDERAL 8 FC	Well No. 1	Pool Name, Including Formation BASIN (FRUITLAND COAL)	Kind of Lease Sole Federal	Lease No. NM 0498
Location Unit Letter <u>2</u> : <u>1080</u> Feet From The <u>NORTH</u> Line and <u>1490</u> Feet From The <u>EAST</u> Line Section <u>8</u> Township <u>30N</u> Range <u>12W</u> , NM PM, 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)	
Waller P.O.#					2520750	
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 2520750					5400 LBJ FRWY, #500, DALLAS, TX 75240	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
					YES	4/10/93

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


IV. COMPLETION DATA

[illegible]

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 for full 24 hours)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc)	<div style="text-align: center;">  </div>
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (<i>pilot, back pr.</i>)	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 DENNIS CRONKHITE, 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 Barry Chang
Title SUPERVISOR DISTRICT 13

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.
Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
Separate Form C-104 must be filed for each pool in multiply completed wells.