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

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

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

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

RECEIVED  
Form C-104  
Revised 11-1-89  
See Instructions  
Bottom of Page  
MAY 06 1993  
OIL CON. DIV  
DIST. 3

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Texakoma Oil & Gas Corporation		Well API No. 30-045-28938
Address 5400 LBJ Freeway, One Lincoln Center, 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:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input 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 San Juan Federal	Well No. 1	Pool Name, including Formation Fruitland Coal (BASIN)	Kind of Lease State, Federal or Fee	Lease No. NM024158
Location Unit Lett: NW 1/4 B 1140' Feet From The North Line and 2360 Feet From The East Line Section 20 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"/>	Address (Give address to which approved copy of this form is to be sent)	
Water Prod # 2522550		
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) TX 75240	
Texakoma Oil & Gas Corporation 2522530	5400 LBJ Frwy, One Lincoln Centre #500, Dallas	
If well produces oil or liquids, give location of tanks. N/A	Unit	Sec.   Twp.   Rge.   Is gas actually connected?   When?
		No

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 03/17/93	Date Compl. Ready to Prod. 04/27/93		Total Depth 2,020'		P.B.T.D. 1,971'			
Elevations (DF, RKB, RT, GR, etc.) 5,749' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 1,800'		Tubing Depth 1,915'			
Performations 1801' - 1802', 1846' - 1869' SDLM					Depth Casing Shoe 2,018'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		323'		220 sx Class "B"			
7 7/8"	5 1/2"		2,018'		210 sx POZ +			
	2 3/8"		1,915'		100 sx Neat			

## V. TEST DATA AND REQUEST FOR ALLOWABLE

Date First New Oil Run To Tank	Date of Test	Producing Method (APR 26 1993, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Well currently completing now. Will need to turn well down sales pipeline to test GAS WELL when ready. Will update test information by Sundry when available.			
Actual Prod. Test - MCF/D	Length of Test 05/03/93	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 35 psi	Casing Pressure (Shut-in) 35 psi	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: G.M. Pecorino Drlg. Manager

Printed Name: G.M. Pecorino Title: Drlg. Manager  
Date: 04/23/93 Telephone No.: (214) 701-9106

## OIL CONSERVATION DIVISION

Date Approved: MAY 06 1993  
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.

