

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2082
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
TEXAKOMA OIL & GAS CORPORATION

Address
9319 LBJ Freeway, Suite 120, Dallas, TX 75243

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name LEA COUNTY PROSPECT	Well No. 1	Pool Name, including Formation Eunice-Monument San Andres-Grayburg	Kind of Lease State, Federal or Fee Federal	Lease No. NM61608
Location Unit Letter <u>I</u> : <u>3329</u> Feet From The <u>north</u> Line and <u>760</u> Feet From The <u>east</u> Line of Section <u>5</u> Township <u>21S</u> Range <u>37E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

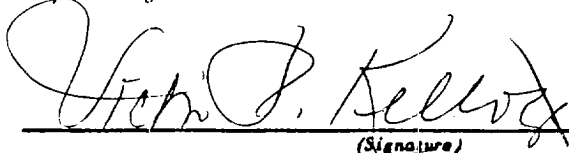
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> TEXACO TRADING & TRANSPORTATION, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142-79701, Midland, TX 79702
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> TEXACO TRADING & TRANSPORTATION, INC.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1142-79701, Midland, TX 79702
If well produces oil or liquids, give location of tanks.	Unit : <u>I</u> Sec. : <u>5</u> Twp. : <u>21S</u> Rge. : <u>37E</u> Is gas actually connected? <u>NO</u> When NO, WOPLC & GAS PURCHASE CONTRACT

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.


(Signature)

Agent

(Title)

December 26, 1985

(Date)

OIL CONSERVATION DIVISION

JAN 3 - 1986

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

RECEIVED

JAN 2 - 1986

C. I. D.
HOLING OFFICE