

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
USING	
LAND OFFICE	
TRANSPORTER	
OPERATION	
REGISTRATION OFFICE	
OPERATOR	

El Paso Natural Gas Company

Address P. O. Box 289, Farmington, New Mexico

Reason(s) for filing (Check proper box)

New Well	☒	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lessee Name	Lackey B	Well No.	14 E	Pool Name, including Formation	Basin Dakota	Kind of Lease	State, Federal or Other	SF	Lease No.	077106
Location										
Unit Letter	C	1120	Feet From The	N	Line and	1850'	Feet From The	W		
Line of Section	30	Township	28-N	Range	9-W	NMPM,	San Juan	County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 289, Farmington, New Mexico				
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐	El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent)	P. O. Box 289, Farmington, New Mexico				
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30	Twp. 28	Rge. 9	Is gas actually connected?	When	

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	5-14-80	Date Compl. Ready to Prod.	9-9-80	Total Depth	7011'	P.B.T.D.	6996'	
Elevation (DF, RAB, RT, GR, etc.)	6217' GL	Name of Producing Formation	Dakota	Top of Gas Pay	6696'	Tubing Depth	6869'	
Perforations	6696, 6713, 6716, 6725, 6731, 6765, 6771, 6777, 6806, 6812, 6820, 6829, 6833, 6864, 6894					Depth Casing Shoe	7011'	
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		223'		224 cu. ft.			
8 3/4"	4 1/2"		7011'		361 cu. ft.			
	2 3/8"		6869'					

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 be for full 24 hours)

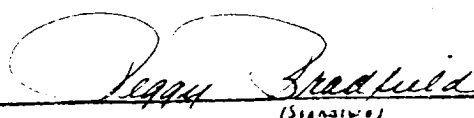
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
324			
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
	1000	1320	

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



Drilling Clerk

9-22-80

OIL CONSERVATION DIVISION

SEP 25 1980

APPROVED _____, 10 _____

Original Signed by FRANK T. CHAVEZ

BY _____
SUPERVISOR DISTRICT #2

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.