STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator: El Paso Natural Gas Company

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

Reason(s) for filing (Check proper box)

				Other (Please explain)
New Well	XX	Change in Transporter of:		
Recompletion		Oil	Dry Gas	
Change in Ownership		Casinghead Gas	Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lackey B	14 E	Basin Dakota	~~State~~, Federal or ~~Fee~~ SF	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 XX	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas XX or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 289, FArmington, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	30	28	9		

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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
5-14-80	9-9-80	7011'	6996'
Elevations (DF, RKB, RT, GR, etc.)	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6217' GL	Dakota	6696'	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

(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)

OIL WELL

Date First New Oil Run To Tanks	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
SEP 23 1980
OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
324			
Testing Method (pitot, 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.

Peggy Bradfield
(Signature)

Drilling Clerk
(Title)

9-22-80
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 25 1980, 19 ____

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT # 3

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.