

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISSEMINATION	
FILE	
MAIL	
RECORDS	
TRANSPORTER	
OPERATOR	
INFORMATION OFFICE	
Operator	

El Paso Natural Gas Company

Address

P.O. Box 289, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey A	Well No. 1R	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee	Lease No. SF 077092
Location				
Unit Letter A	830	Feet From The North	Line and 830	Feet From The East
Line of Section 12	Township 29-N	Range 10-W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Company	P.O. Box 289, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas ☐ 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, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 12	Twp. 29N	Rge. 10W	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 1-6-81	Date Compl. Ready to Prod. 3-17-81	Total Depth 4906'		P.B.T.D. 4887'				
Elevations (DF, RAL, RT, GR, etc.) 5663' GL	Name of Producing Formation M.V.	Top Gas/Gas Pay 3814'		Tubing Depth 4827'				
4543, 4547, 4558, 4562, 4566, 4578, 4582, 4586, 4534, 4650, 4697, 4703, 4764, 4796, 4853, 4857' 3814, 3831, 3840, 3855, 3895, 3960, 3974, 3995, 4007, 4063, 4146, 4160, 4191, 4198, 4364, 4374, 4384, 4410, 4421, 4427' W/1 SPZ.				Depth Casing Shoe 4906'				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		233'		224 cf			
8 3/4"	7"		2513'		483 cf			
6 1/4"	4 1/2" Liner 2 3/8"		2370-4906' 4827'		452 cf.			

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)

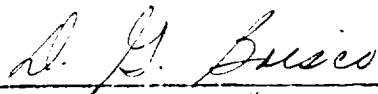
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 256	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (prior, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in) 812	Casing Pressure (shut-in)	Choke Size 3/4 variable

VI. CERTIFICATE OF COMPLIANCE

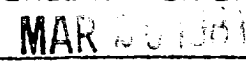
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Drilling Clerk

March 19, 1981

OIL CONSERVATION DIVISION

APPROVED  , 19BY **Original Signed by FRANK T. CHAVEZ**
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 Form C-104 must be filed for each pool in multiply recompleted wells.