STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

PG. 94 (99168 BEE	****	
DISTRIBUT:	0 M	1
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROBATION OF	KE	

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

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 multipli-

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTHO	RIZATION T		AND SPORT OIL	. AND NATU	DAI CAS		•
I.					- AND NATU	KAL 0A3		
Operator El Paso Natural Gas	: Company	•						
Address	- dompany				····		CAP	
P. O. Box 4289, Far	mington,	NM 8749	9			ואָן		AFIL
Reason(s) for filing (Check proper box)		<u> </u>			Other (Please	explain)		- U
New Well	Change i	in Transporter	ol:				JUL311	985
Recompletion			=	ory Gas			DIL CON.	-011A
Change in Ownership	Cas:	inghead Gas	و ب	Condensate				
If change of ownership give name							DIST.	3
and address of previous owner								
II. DESCRIPTION OF WELL AND	LEASE		_					
Lease Name	Well No.	1	-	ormation		Kind of Lease	Fadama1	Lease No.
Lackey A	1A	Blanco	MV			State, Federal or F	•• Federal	SF 07709
Location			. 1	0.0	\ -		П	,
Unit Letter 1 : 1540)Feet Fre	om The SOU	ith Li	ne and 89	95	_ Feet From The _	East	
Line of Section 12 Town	ship 29N	I	Range]	10W	, NMPM,		San Juan	_
Cite of Section 12	2.51	<u> </u>	Norige	1011	, NMPM	·	- Jan Juan	County
III. DESIGNATION OF TRANSPO	ORTER OF	OIL AND I	NATURA:	L GAS				
Name of Authorized Transporter of Oil	Or C	ondensate [Address (o which approved co		
El Paso Natural Gas			1.	7		9, Farmingto	•	
Name of Authorized Transporter of Casi	_	_	Gas 📝			o which approved co 9, Farmingto		
El Paso Natural Gas	Unit Sec		'Rge.		DOX 420	·		
If well produces oil or liquids, a give location of tanks.	I 1		10W	1 '	NO	t then		
To all a consideration to considerate with	* * * * * * * * * * * * * * * * * * *							
If this production is commingled with			-	give comm	inging order	number:		
NOTE: Complete Parts IV and V	on reverse:	side if neces	ssary.					
VI. CERTIFICATE OF COMPLIAN	ICE		*	0 %		ONSERVATION	DIVISION.	
				1 3-1/-3	35	ONSERVATION	AUG'07	1985
I hereby certify that the rules and regulation been complied with and that the information	ns of the Oil C	onservation D	ivision have	APPRO	OVED	 		, 19
my knowledge and belief.	. 6.ve 13 tide 2	ina compicie ic	o the pest of	BY	(Original Signed by	EDANUE -	
						,	TRAINK T. CHAV	EZ
				TITLE			JPERVISOR DISTRIC	I H 3
(Jan & Jan 1				Th	is form is to	be filed in compl	ience with RUL	E 1104.
(Signatu	<u></u>			II t	his is a requ	est for allowable	for a newly dril	led or deepene
• •	ing Clerk	(tests to	iken on the v	be accompanied to the secondance will be accordance to the secondance to the seconda	<pre>Dy a tebulation P with RULE 1!</pre>	of the deviatio
(Title				All	sections of	this form must be	filled out compi	letely for allow
				II able on	new and rec	completed wells.		

7-30-85

(Date)

Designate Type of Completi		X Mem Mell Motroset	Deepen	Plug Back	Same Res'v.	Diff. Rest
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u> </u>	
5-20-85	7-25-85	508 6 7		5072		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Dept	h	
5876' GL	Blanco MV & Aztec PC	3918	3918 4967		4967	•
Perforations 3918, 3985, 400	1, 4062, 4086, 4102, 4	108, 4114, 4120, 4.	355, 4476	Depth Casin	g Shoe	
4484 w/1 SPZ. 4590, 459	4, 4609, 4611, 4636, 4	639, 4643, 4654, 46	657 , 4659	,	5086	
Attached See Conti. Per		AND CEMENTING RECORD		<u> </u>	-	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SA	CKS CEMENT	
12 1/4"	9 5/8"	240-23	2		36 cu ft	
8 3/4"	7''	2724			450 cu ft	
6 1/4"	4 1/2" Liner	2565-508	36		37 cu ft	
	1 1/4" & 2 3/8" Tbg	2446-496	57			
7. TEST DATA AND REQUEST OIL WELL Date First New Oil Run To Tanks	TOR ALLOWABLE (Test must be able for this	e after recovery of total volume e depth or be for full 24 hours) Producing Method (Flow.			ual to or exceed	i top ellou
Length of Teet	Tubing Pressure	Casing Pressure		Choke Size		<u>:</u>
Length of Test Actual Prod. During Test	Tubing Pressure - Cii-Sbis.			Choke Size		<u>:</u>
Actual Prod. During Test AS WELL		Casing Pressure				÷
		Casing Pressure			ondensate	±

PERFORATIONS CONTINUED C-104 LACKEY A #1A

4669, 4672, 4674, 4677, 4688, 4691, 4694, 4696, 4700 w/1 SPZ. 4755, 4762, 4807, 4815, 4845, 4858, 4880, 4910, 4942, 5008 w/1 SPZ.

DECEIVED
JUL3 1 1985
OIL CON. DIV.
DIST. 3

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTI		1	
SANTA PE	1		
FILE	Т		
U.S.G.S.			
LAND OFFICE		$\overline{}$	
TRANSPORTER OIL			
OPERATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

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

Separate Forms C-104 must be filed for each pool in multipl-

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA

I. AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS
El Paso Natural Gas Company	DECEIVED
P. O. Box 4289, Farmington, NM 87499	JUL 3 1 1985
	Other (Please explain) OIL CON. DIV. DIST. 3
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.
Lackey A 1A Aztec PC	State, Federal or FeeFederal SF 077092
1	ne andFeet From The
Line of Section 12 Township 29N Range	10W NMPM, San Juan County
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Name of Authorized Transporter of Oil or Condensate Tensporter of Oil to Paso Natural Gas Company	Addiess (Give address to which approved copy of this form is to be sent) P. O. Box 4289, Farmington, NM 87499
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 4289, Farmington, NM 87499
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. I 12 29N 10W	1s gas actually connected? When NO
If this production is commingled with that from any other lease or pool, NOTE: Complete Parts IV and V on reverse side if necessary.	give commingling order number:
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have	8-7-85 APPROVED AUG 0.7 1985
been complied with and that the information given is true and complete to the best of my knowledge and belief.	By Original Signed by FRANK T. CHAVEZ
	TITLESUPERVISOR DISTRICT 第3
(Signature) Drilling Clerk	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Title) 7-30-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	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

completed wells.

0

3/4"

Choke Size

Designate Type of Comple	tion - (X) Oil Well Gas Well X	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'	
Date Spudded	Date Cample Ready to Prod.	Total Depth		
5-20-85	7-8-85	5086	P.B.T.D. 5072	
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oll/Gas Pay	Tubing Depth	
5876' GL	Aztec PC & Blanco MV			
Perforations			Depth Casing Shoe	
2338-2365, 2376-240	9, 2430-2447 w/16 SPZ.		5086	
	TUBING, CASING, AN	D CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12 1/4"	9 5/8"	240 232	236 cu ft	
8 3/4"	7''	2724	450 cu ft	
6 1/4"	4 1/2" Liner	2565-5086	437 cu ft	
	1 1/4" & 2 3/8" Tbg	2446-4967	1	
7. TEST DATA AND REQUES OIL WELL	T FOR ALLOWABLE (Test must be a able for this de	ifter recovery of total volume of load or epth or be for full 24 hours)	il and must be equal to or exceed top allo	
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-Shis.	Water-Bbis.	Gas - MCF	
AS WELL			_ !	
Actual Prod. Teet-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
895	7 Uma	172 1400	or communate	

132 MCF

707

Casing Pressure (Shut-in)

3 Hrs.

Tubing Pressure (Shut-in)

707

895

Testing Method (puct, back pr.)

Back Pressure