

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P. O. BOX 2038

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 El Paso Natural Gas Company		RECEIVED JUL 31 1985 OIL CON. DIV. DIST. 3
Address P. O. Box 4289, Farmington, NM 84799		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input checked="" type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey A	Well No. 2A	Pool Name, Including Formation Blanco Mesa Verde	Kind of Lease State, Federal or Fee Federal	Lease No. SF 077092
Location				
Unit Letter D	1190	Fest From The North	Line and 1190	West
Line of Section 12	Township 29N	Range 10W	San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS


Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 84799
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4289, Farmington, NM 84799
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. D 12 29N 10W
Is gas actually connected?	When
NO	

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)
Drilling Clerk
(Title)
7-29-85
(Date)

OIL CONSERVATION DIVISION
8-7-85
APPROVED
AUG 07 1985
BY 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 Forms C-104 must be filed for each pool in multiple completed wells.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 5-29-85	Date Compl. Ready to Prod. 7-10-85	Total Depth 5037' <i>5130</i>			P.B.T.D. 5019'				
Elevations (DF, RKB, RT, CR, etc.) 5782' GL	Name of Producing Formation Blanco Mesa Verde	Top Oil/Gas Pay 3831'			Tubing Depth 4985'				
Perforations 4678, 4696, 4708, 4748, 4765, 4775, 4788, 4814, 4840, 4856, 4894, 4919, 4988 w/1 SPZ. 4507, 4510, 4517, 4520, 4553, 4573, 4576, 4579, 4582,							Depth Casing Shoe 2620'		
(See Perf's Conti. Attached) TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 1/4"	9 5/8"		231'		125 cu ft				
8 3/4"	7"		2620		454 cu ft				
6 1/4"	4 1/2" Liner		2481-5130 <i>5037</i>		474 cu ft				
	2 3/8" Tubing		4985						

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)

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 2650	Length of Test 3 Hrs.	Bbls. Condensate/MMCF 365 MCF	Gravity of Condensate 0
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 303	Casing Pressure (Shut-in) 842	Choke Size 3/4"

PERFORATIONS CONTINUED
LACKEY A #2A
OCD

4585, 4588, 4597, 4600, 4603, 4606, 4616, 4619, 4622, 4625, 4628, 4631, 4640
w/1 SPZ. 3831, 3874, 3907, 3912, 3959, 3968, 3995, 4000, 4007, 4010, 4354, 4358,
4363, 4384, 4389, 4394, w/1 SPZ.

RECEIVED
JUL 31 1985
OIL CON. DIV.
DIST. 3