

ABOVE THIS LINE FOR DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Application Acronyms:

- [NSL-Non-Standard Location] [NSP-Non-Standard Proration Unit] [SD-Simultaneous Dedication]
- [DHC-Downhole Commingling] [CTB-Lease Commingling] [PLC-Pool/Lease Commingling]
- [PC-Pool Commingling] [OLS - Off-Lease Storage] [OLM-Off-Lease Measurement]
- [WFX-Waterflood Expansion] [PMX-Pressure Maintenance Expansion]
- [SWD-Salt Water Disposal] [IPI-Injection Pressure Increase]
- [EOR-Qualified Enhanced Oil Recovery Certification] [PPR-Positive Production Response]

[1] **TYPE OF APPLICATION** - Check Those Which Apply for [A]

- [A] Location - Spacing Unit - Simultaneous Dedication
 NSL NSP SD

Check One Only for [B] or [C]

- [B] Commingling - Storage - Measurement
 DHC CTB PLC PC OLS OLM

- [C] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery
 WFX PMX SWD IPI EOR PPR

[D] Other: Specify _____

02 JAN - 9 AM 11:06
 OIL CONSERVATION DIV.

[2] **NOTIFICATION REQUIRED TO:** - Check Those Which Apply, or Does Not Apply

- [A] Working, Royalty or Overriding Royalty Interest Owners
- [B] Offset Operators, Leaseholders or Surface Owner
- [C] Application is One Which Requires Published Legal Notice
- [D] Notification and/or Concurrent Approval by BLM or SLO
U.S. Bureau of Land Management - Commissioner of Public Lands, State Land Office
- [E] For all of the above, Proof of Notification or Publication is Attached, and/or,
- [F] Waivers are Attached

[3] **SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION INDICATED ABOVE.**

[4] **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

PEGGY COLE _____ **Peggy Cole** _____ **Reg. Supr.** _____ **1-7-02** _____
 Print or Type Name Signature Title Date
peggy@br-inc.com _____
 e-mail Address

BURLINGTON RESOURCES

SAN JUAN DIVISION

Sent Federal Express January 7, 2002

Mr. Michael Stogner
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

Re: Lackey #9
869'FNL, 890'FWL, Section 34, T-28-N, R-9-W, San Juan County
API #30-045-21562

Dear Mr. Stogner:

This is a request for administrative approval for a non-standard gas well location in the Basin Fruitland Coal pool. This location is considered off-pattern for the Fruitland Coal

Burlington Resources plans to plug and abandon the Chacra in this existing wellbore and recomplete the Fruitland Coal. Production from the Fruitland Coal is included in a 320 acre gas spacing unit comprising of the north half (N/2) of Section 34.

To comply with the New Mexico Oil Conservation Division rules, we are submitting the following for your approval of this non-standard location:

C-102 plat showing location of the well;
Plat showing offset owners/operators;
Copy of Well Completion Log for original completion;
Affidavit of notification of offset owners/operators.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

Sincerely yours,



Peggy Cole
Regulatory Supervisor

WAIVER

_____ hereby waives objection to Burlington Resource's application for non-standard location for the Lackey #9 as proposed above.

By: _____ Date: _____

Xc: NMOCD – Aztec District Office
Bureau of Land Management - Farmington

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-102
 Revised February 21, 1994
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-045-21562		² Pool Code 71629/82329		³ Pool Name Basin Fruitland Coal/Otero Chacra	
⁴ Property Code 7237		⁵ Property Name Lackey			⁶ Well Number 9
⁷ OGRID No. 14538		⁸ Operator Name Burlington Resources Oil & Gas Company, LP			⁹ Elevation 6217' GR

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	34	28N	9W		869'	North	890'	West	SJ

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres CH-160 FC-N/320	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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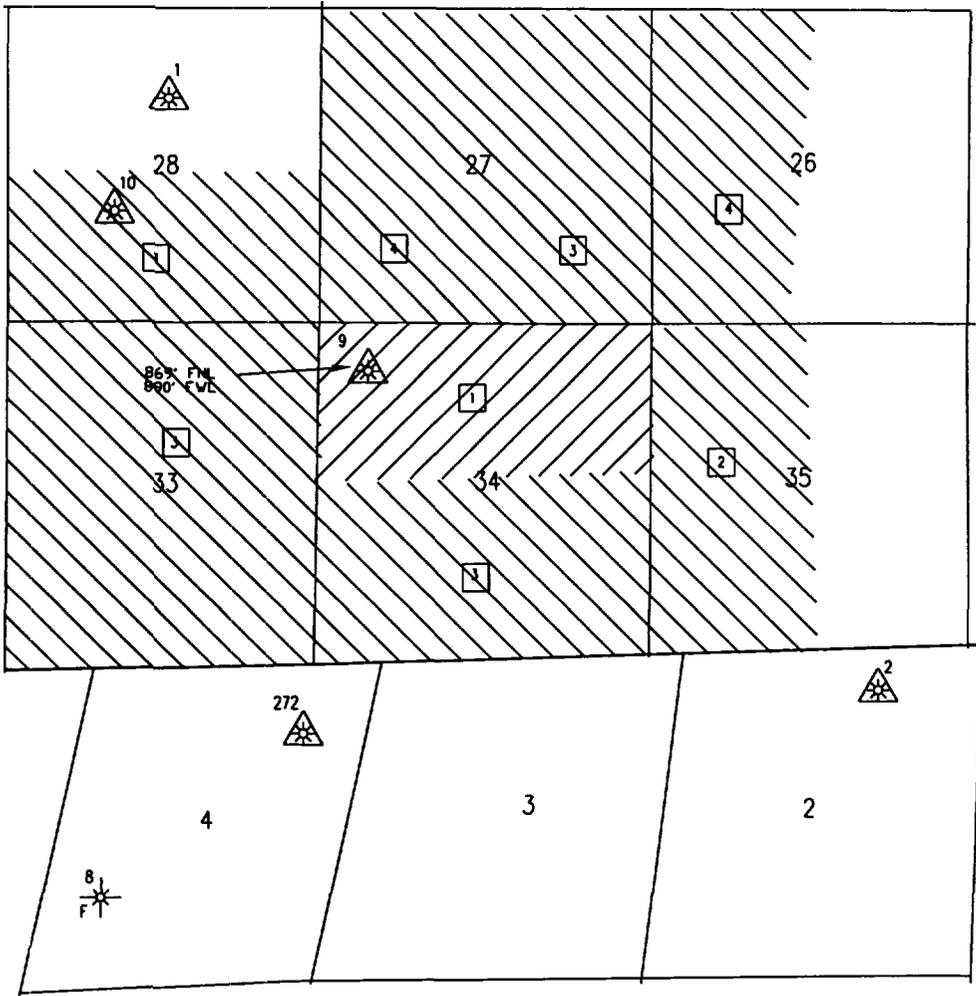
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	¹⁷ OPERATOR CERTIFICATION		
	<i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i>		
<p>Original plat from David O. Vilven 7-8-74</p>	Signature <u>Peggy Cole</u> Printed Name <u>Regulatory Supervisor</u> Title Date		
	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>		
	Date of Survey Signature and Seal of Professional Surveyer: Certificate Number		

BURLINGTON RESOURCES OIL AND GAS COMPANY

Lackey #9
 Section 34, T-28-N, R-9-W
 OFFSET OPERATOR/OWNER PLAT

Off Pattern Location
 Fruitland Cool Formation Well

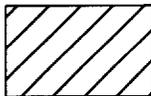


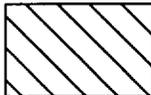
1 Burlington Resources is the operator
 Louis Dreyfus Natural Gas - working interest owner
 14000 Quail Springs Parkway, Suite 600
 Oklahoma City, Oklahoma 73134

Marathon Oil Company - working interest owner
 Joint Interest Acct Room 2816B
 PO Box 2049
 Houston, Texas 77252-2049

2 Amoco Production Company
 % BP Amoco
 Attention: Bryan Anderson
 PO Box 3092
 Houston, Texas 77253-3092

3 Conoco, Inc.
 Attention: Eva Rodriguez
 PO Box 2197
 Houston, Texas 77252-2197

 Proposed Well

 Offset Operator

4 Burlington Resources - working interest owner
 Louis Dreyfus Natural Gas - working interest owner
 14000 Quail Springs Parkway, Suite 600
 Oklahoma City, Oklahoma 73134

Marathon Oil Company - working interest owner
 Joint Interest Acct Room 2816B
 PO Box 2049
 Houston, Texas 77252-2049

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE*

Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF077111

6. IF INDIAN, ALLOTED OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lackey

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Harris Mesa Chacra Ext.
11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA

Sec. 34, T-28-N, R-9-W
N.M.P.M.

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION:
NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 869'N, 890'W
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUDDED 11-13-74 16. DATE T.D. REACHED 11-28-74 17. DATE COMPL. (Ready to prod.) 01-03-75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6217' GL 19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD 3507' 21. PLUG, BACK T.D., MD & TVD 3497' 22. IF MULTIPLE HOW MANY* 23. INTERVALS DRILLED BY 0-3507 ROTARY TOOLS CABLE TOOLS

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3330-3472' (CH) 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN IES; FDC-GR; Temp. Survey 27. WAS WELL CORED No

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
6 5/8"	24#	116' GL	12 1/4"	112 cu. ft.	
2 7/8"	6.4#	3507'	6 3/4"	730 cu. ft.	

29. LINER RECORD 30. TUBING RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubingless		

31. PERFORATION RECORD (Interval, size and number) 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

INTERVAL	AMOUNT AND KIND OF MATERIAL USED
3330-36', 3444-50', 3456-62', 3468-72' with 6 shots per zone.	26,000# sand, 30,500 gal wtr

33.* PRODUCTION

DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	WELL STATUS (Producing or shut-in)					
	Flowing	Shut-in					
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
01-03-75	3 hours	3/4"					
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	SI 962			1786 MCF/D-ADF			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY F. Johnson

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records
SIGNED H. P. Davis TITLE Drilling Clerk DATE January 10, 1975

*(See Instructions and Spaces for Additional Data on Reverse Side)

Re: Lackey #9
869'FNL, 890'FWL, Section 34, T-28-N, R-9-W, San Juan County
API #30-045-21562

I hereby certify that the following offset owners/operators have been notified by certified mail of our application for administrative approval for non-standard well location of the above well

Amoco Production Company
C/o BP Amoco
Att: Bryan Anderson
Post Office Box 3092
Houston, TX 77253-3092

Conoco Inc.
Att: Eva Rodriguez
Post Office Box 2197
Houston, TX 77252-2197

Louis Dreyfus Natural Gas
14000 Quail Springs Parkway, Suite 600
Oklahoma City, OK 73134

Marathon Oil Company
Joint Interest Account Room 2816B
PO Box 2049
Houston, TX 77252-2049

Burlington Resources


Peggy Cole
Regulatory Supervisor

**BURLINGTON
RESOURCES**

NSL-4690

SAN JUAN DIVISION

Sent Federal Express January 7, 2002

Mr. Michael Stogner
New Mexico Oil Conservation Division
1220 South St. Francis Drive
Santa Fe, New Mexico 87505

MAR - 4 2002

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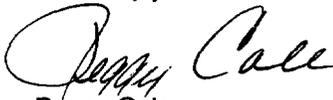
Burlington Resources plans to plug and abandon the Chacra in this existing wellbore and recompleate the Fruitland Coal. Production from the Fruitland Coal is included in a 320 acre gas spacing unit comprising of the north half (N/2) of Section 34.

To comply with the New Mexico Oil Conservation Division rules, we are submitting the following for your approval of this non-standard location:

C-102 plat showing location of the well;
Plat showing offset owners/operators;
Copy of Well Completion Log for original completion;
Affidavit of notification of offset owners/operators.

A copy of this application is being submitted to all offset owners/operators by certified mail with a request that they furnish your Santa Fe office with a Waiver of Objection, and return one copy to this office.

Sincerely yours,



Peggy Cole
Regulatory Supervisor

WAIVER

Marathon Oil Company hereby waives objection to Burlington Resource's application for non-standard location for the Lackey #9 as proposed above.

By: [Signature] Date: 2-27-02

Xc: NMOCD - Aztec District Office
Bureau of Land Management - Farmington

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

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 Revised February 21, 1994
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AMENDED REPORT

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4 Property Code 7237		5 Property Name Lackey			6 Well Number 9
7 OGRID No. 14538		8 Operator Name Burlington Resources Oil & Gas Company, LP			9 Elevation 6217' GR

10 Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	34	28N	9W		869'	North	890'	West	SJ

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres CH-160 FC-N/320	13 Joint or Infill	14 Consolidation Code	15 Order No.
--	--------------------	-----------------------	--------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	<p>17 OPERATOR CERTIFICATION</p> <p><i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief</i></p> <p>Signature _____ Peggy Cole Printed Name Regulatory Supervisor Title Date _____</p>		
	<p>18 SURVEYOR CERTIFICATION</p> <p><i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i></p> <p>Date of Survey _____ Signature and Seal of Professional Surveyer: _____ Certificate Number _____</p>		
<p>Original plat from David O. Vilven 7-8-74</p>			

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN DUPLICATE

Form approved.
Budget Bureau No. 42-R355.6.

Number in-
structions on
reverse side

5. LEASE DESIGNATION AND SERIAL NO.

SF077111

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lackey

9. WELL NO.

9

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Harris Mesa Chacra Ext
11. SEC., T., R., M., OR BLOCK AND SURVEY
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Sec. 34, T-28-N, R-9-W
N.M.P.M.

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL GAS WELL DRY Other _____

b. TYPE OF COMPLETION:
NEW WELL WORK OVER DEEP-EN PLUG BACK DIFF. RESVR. Other _____

2. NAME OF OPERATOR
El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*
At surface 869'N, 890'W
At top prod. interval reported below
At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 11-13-74 16. DATE T.D. REACHED 11-28-74 17. DATE COMPL. (Ready to prod.) 01-03-75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6217' GL 19. ELEV. CASINGHEAD

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26. TYPE ELECTRIC AND OTHER LOGS RUN IES; FDC-GR; Temp. Survey 27. WAS WELL CORED No

38. CASING RECORD (Report all strings set in well)

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8 5/8"	24#	116' GL	2 1/4"	112 cu. ft.	
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SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					Tubingless		

31. PERFORATION RECORD (Interval, size and number)	32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.
3330-36', 3444-50', 3456-62', 3468-72' with 6 shots per zone.	DEPTH INTERVAL (MD) 3330-3472' AMOUNT AND KIND OF MATERIAL USED 26,000# sand, 30,500 gal wtr

33. PRODUCTION							
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
	Flowing					Shut-in	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
01-03-75	3 hours	3/4"	→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
	SI 962	→		1786 MCF/D-ADF			

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY F. Johnson

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED N. P. Busco TITLE Drilling Clerk DATE January 10, 1975

*(See Instructions and Spaces for Additional Data on Reverse Side)

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Conoco Inc.
Att: Eva Rodriguez
Post Office Box 2197
Houston, TX 77252-2197

Louis Dreyfus Natural Gas
14000 Quail Springs Parkway, Suite 600
Oklahoma City, OK 73134

Marathon Oil Company
Joint Interest Account Room 2816B
PO Box 2049
Houston, TX 77252-2049

Burlington Resources


Peggy Cole
Regulatory Supervisor

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

01/15/02 10:32:
OGOMES -TP
PAGE NO:

Sec : 34 Twp : 28N Rng : 09W Section Type : NORMAL

D 40.00	C 40.00	B 40.00	A 40.00
Federal owned	Federal owned	Federal owned	Federal owned
A A	A		A
E 40.00	F 40.00	G 40.00	H 40.00
Federal owned	Federal owned	Federal owned	Federal owned
		A	

PF01 HELP
PF07 BKWD

PF02
PF08 FWD

PF03 EXIT
PF09 PRINT

PF04 GoTo
PF10 SDIV

PF05
PF11

PF06
PF12

CMD :
OG5SECT

ONGARD
INQUIRE LAND BY SECTION

01/15/02 10:32:
OGOMES -TP
PAGE NO:

Sec : 34 Twp : 28N Rng : 09W Section Type : NORMAL

L 40.00	K 40.00	J 40.00	I 40.00
Federal owned A A	Federal owned	Federal owned A	Federal owned
1 46.15	2 45.04	3 44.10	4 43.16
Federal owned	Federal owned	Federal owned A	Federal owned A

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06
PF07 BKWD PF08 FWD PF09 PRINT PF10 SDIV PF11 PF12

CMD : ONGARD 01/15/02 10:32:
OG6IWCM INQUIRE WELL COMPLETIONS OGOMES -TP

API Well No : 30 45 21562 Eff Date : 03-01-1975 WC Status : A
Pool Idn : 82329 OTERO CHACRA (GAS)
OGRID Idn : 14538 BURLINGTON RESOURCES OIL & GAS CO
Prop Idn : 7237 LACKEY

Well No : 009
GL Elevation: 6217

	U/L	Sec	Township	Range	North/South	East/West	Prop/Act (P/
	---	---	-----	-----	-----	-----	-----
B.H. Locn	: D	34	28N	09W	FTG 869 F N	FTG 890 F W	P

Lot Identifier:

Dedicated Acre: 160.00

Lease Type : F

Type of consolidation (Comm, Unit, Forced Pooling - C/U/F/O) :

M0025: Enter PF keys to scroll

PF01 HELP	PF02	PF03 EXIT	PF04 GoTo	PF05	PF06
PF07	PF08	PF09	PF10 NEXT-WC	PF11 HISTORY	PF12 NXTREC

Form 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-1

Revised February 21, 19

Instructions on b

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

PO Box 2088, Santa Fe, NM 87504-2088

OIL CONSERVATION DIVISION

PO Box 2088

Santa Fe, NM 87504-2088

Submit to Appropriate District Off

State Lease - 4 Cop

Fee Lease - 3 Cop

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

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10 Surface Location

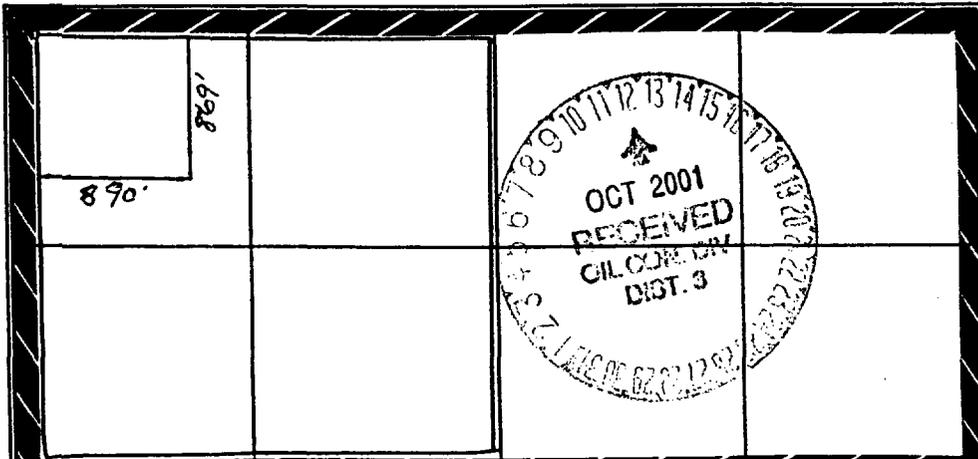
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17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Peggy Cole
Signature
Peggy Cole
Printed Name
Regulatory Supervisor
Title
9-21-01
Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey
Signature and Seal of Professional Surveyer:

Original plat from
David G. Vilven 7-8-74

RECEIVED
2001 SEP 21 PM 4:36
070

Certificate Number

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

5. Lease Number
SF-077111
6. If Indian, All. or
Tribe Name
7. Unit Agreement Name

2. Name of Operator

**BURLINGTON
RESOURCES** OIL & GAS COMPANY

3. Address & Phone No. of Operator

PO Box 4289, Farmington, NM 87499 (505) 326-9700

8. Well Name & Number
Lackey #9
9. API Well No.
30-045-21562
10. Field and Pool
Basin Fruitland Coal/
Otero Chacra
11. County and State
San Juan Co, NM

4. Location of Well, Footage, Sec., T, R, M

869' FNL, 890' FWL, Sec. 34, T-28-N, R-9-W, NMPM

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission

Type of Action

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the Chacra formation in subject well and recomplete to the Basin Fruitland Coal according to the attached procedure.

RECEIVED

2001 SEP 21 PM 4: 36

070 Farmington



14. I hereby certify that the foregoing is true and correct.

Signed [Signature] (BGFTC) Title Regulatory Supervisor Date 9/20/01
no

(This space for Federal or State Office use)
APPROVED BY /s/ Jim Lovato Title _____ Date OCT 10 2001

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

HOLD C104 FOR NSL

NMOCD

submitted in lieu of Form 3160-5

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Sundry Notices and Reports on Wells

1. Type of Well
GAS

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS COMPANY

3. Address & Phone No. of Operator
PO Box 4289, Farmington, NM 87499 (505) 326-9700

4. Location of Well, Footage, Sec., T, R, M
869' FNL, 890' FWL, Sec.34, T-28-N, R-9-W, NMPM

5. Lease Number
SF-077111

6. If Indian, All. or Tribe Name

7. Unit Agreement Name

8. Well Name & Number
Lackey #9

9. API Well No.
30-045-21562

10. Field and Pool
Basin Fruitland Coal/
Otero Chacra

11. County and State
San Juan Co, NM

sf

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OTHER DATA

Type of Submission	Type of Action	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment	<input checked="" type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other -	

13. Describe Proposed or Completed Operations

It is intended to plug and abandon the Chacra formation in subject well and recomplete to the Basin Fruitland Coal according to the attached procedure.

RECEIVED
2001 SEP 21 PM 4:36
0701



14. I hereby certify that the foregoing is true and correct.

Signed *Samuel Cole* (BGFTC) Title Regulatory Supervisor Date 9/20/01
no

(This space for Federal or State Office use)
APPROVED BY *Jim Lovato* Title _____ Date OCT 10 2001

CONDITION OF APPROVAL, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

HOLD 0184 FOR NSL

1006

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 PO Drawer DD, Artesia, NM 88211-0719
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

Form C-107
 Revised February 21, 1997
 Instructions on back
 Submit to Appropriate District Office
 State Lease - 4 Copies
 Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-045-21562		2 Pool Code 71629/82329		3 Pool Name Basin Fruitland Coal/Otero Chacra	
4 Property Code 7237		5 Property Name Lackey			6 Well Number 9
7 OGRID No. 14538		8 Operator Name Burlington Resources Oil & Gas Company, LP			9 Elevation 6217' GR

10 Surface Location

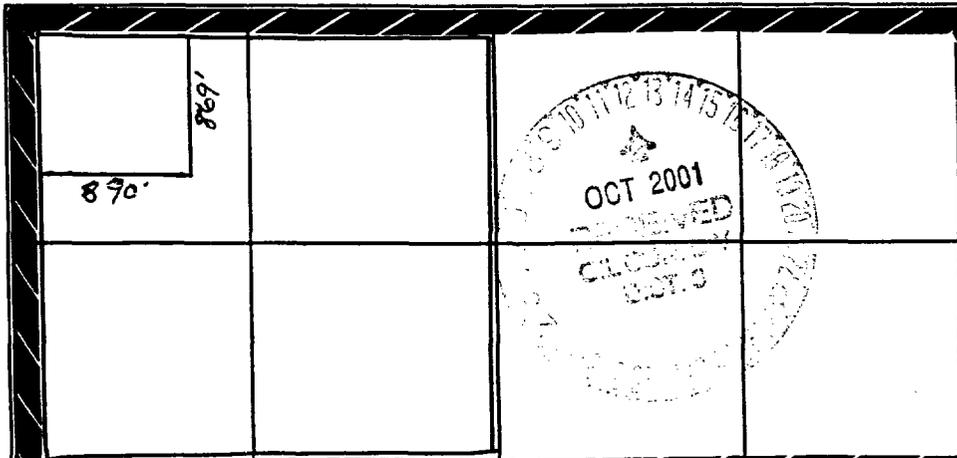
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	34	28N	9W		869'	North	890'	West	SJ

11 Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

12 Dedicated Acres CH-160 FC-N/320	13 Joint or Infill	14 Consolidation Code	15 Order No.
--	--------------------	-----------------------	--------------

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



17 OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief

Peggy Cole
 Signature

Peggy Cole
 Printed Name

Regulatory Supervisor
 Title

9-21-01
 Date

18 SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey
 Signature and Seal of Professional Surveyer:

Certificate Number

Original plat from David Vilven 7-8-74
 PH 4:36
 2001 SEP 21 PM 4:36
 070 F...

Lackey # 9
Recompletion Procedure
Unit D Sec 34 T28N R09W
San Juan County, N.M.
Lat: 36° 37.41' Long: 107° 46.89'

PROJECT SUMMARY:

P&A existing Chacra interval and recomplete to the Fruitland Coal. The well has 2-7/8" casing and no tubing. We plan to stimulate rigless with Halliburton's Delta140, 70Q Nitrogen Foam, and 70M# 20/40 sand.

- Comply with all NMOCD, BLM, and BR regulations. Conduct daily safety meetings for all personnel on location. Notify BR regulatory (Peggy Cole: 326-9727) and the appropriate Regulatory Agency prior to pumping any cement job. If an unplanned cement job is required, approval is required before the job can be pumped. If verbal approval is obtained, document the approval in DIMS. Allow adequate notice prior to the pump time for the Agency to witness the cementing operation.
- Inspect location and wellhead and install rig anchors prior to rig move.
- Construct blow pit.

RIGLESS PROCEDURE

1. RU wireline unit. RIH with gauge ring to 3300'. Pull out of hole. RIH with 2-7/8" (6.4#, J55) CIBP. Set CIBP at 3300'. Pull out of hole.
2. Dump bail 2 sxs of Class B cement on top of the CIBP at 3300'. Pull out of hole.
3. Install 2-7/8" 6.5# N80 EUE 8rd sub and 5000 psi frac valve. Lay flowback line to pit.
4. RU acid pump truck to pressure test casing to 4500 psi. (60% of max rated burst for 2-7/8" 6.4#, J55 casing.)
5. Set one 400 Bbl frac tank on location. Treat tank with biocide prior to filling.
6. RU wireline unit. Under lubricator run GR/CCL log from 2500' to surface.
7. RU wireline and perforate at the following depths with a 1-11/16" Shogun System strip gun (STP-1687-401NT) 9g charges (0.24" dia and 16.40" penetration), 2 spf. 2323'-2343', 2292'-2294', 2271'-2274', 2267'-2269', 2247'-2257'. Pull out of hole. RD wireline.
8. RU stimulation company. Test surface lines to 5500 psi. Max surface treating pressure will be 4500 psi. Breakdown perforations by bullheading 500 gal of 10% Acetic Acid ahead of stimulation. Stimulate FTC with 20# Delta 140 and 70Q N2 and 70,000# 20/40 Arizona sand at 25 BPM. Max pressure is 4500 psi and estimated surface treating pressure is 4360 psi. (Pipe friction is 3328 psi @ 25 BPM). See attached treatment schedule.
9. Allow at least 2 hours for gel to break and then commence with flowback. Starting on a 1/8" choke, flow well back to pit. If minimal sand is being produced, change to a larger choke size. If

Lackey # 9
FTC Recompletion
08/10/01

choke plugs off, change chokes and clean obstruction. Continue increasing choke size, as sand allows, and cleaning up until well is dead.

10. ND flowback line, frac valve, and isolation tool. NU production valve with flow tee. NU flowback line.

SWAB RIG CLEAN-UP

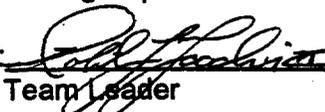
11. MIRU swabbing rig. RIH with 2-1/4" sand bailer. Clean out to PBDT at ~3230'. Monitor gas and water returns. Take pitot gauges when possible.

12. Continue cleaning up after frac until sand returns are a trace and fluid recovery is less than 2 BPH. TOOH.

13. RD and release swabbing unit. Turn well over to production.

Recommended: 
Production Engineer 8-10-01

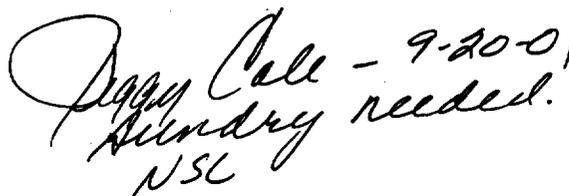
Approved:  8/13/01
Drilling Superintendent

Approved:  FOR JMM
Team Leader

VENDORS:

Wireline:	BWWL	326-6669
Fracturing:	Halliburton	325-3575

Production Engineer: Bobby Goodwin
Office: 326-9713
Home: 599-0992
Pager: 326-8134



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well Oil Well Gas Well Other

2. Name of Operator
BURLINGTON RESOURCES OIL & GAS

3a. Address 3401 EAST 30TH
FARMINGTON, NM 87402

3b. Phone No. (include area code)
505.326.9727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
890FWL 869FNL D-34-28-9

5. Lease Serial No.
SF-077111

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement Name and/or No.

8. Well Name and No.
LACKEY 9

9. API Well No.
3004521562

10. Field and Pool, or Exploratory Area
OTERO CHACRA

11. County or Parish, and State
SAN JUAN NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

It is intended to recomplete the subject well to the Fruitland Coal formation. A recompletion procedure will be submitted by 3rd quarter 2001.



HOLD C104 FOR NSL

Electronic Submission #3664 verified by the BLM Well Information System for BURLINGTON RESOURCES OIL & GAS Sent to the Farmington Field Office Committed to AFMS for processing by Maurice Johnson on 04/17/2001

Name (Printed/Typed) PEGGY COLE Title REPORT AUTHORIZER

Signature _____ Date 04/17/2001

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office _____

District I
PO Box 1980, Hobbs, NM 88241-1980

District II
P.O. Drawer DD, Artesia, NM 88211-0719

District III
1000 Rio Brazos Rd., Aztec, NM 87410

District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals, & Natural Resources Department

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

AMMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address Burlington Resources Oil & Gas PO Box 4289 Farmington, NM 87499		² OGRID Number 14538
		³ Reason for Filing Code CO - 7/11/96
⁴ API Number 30-045-21562	⁵ Pool Name OTERO CHACRA (GAS)	⁶ Pool Code 82329
⁷ Property Code 007237	⁸ Property Name LACKEY	⁹ Well Number #9

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
D	34	028N	009W		869	N	890	W	SAN JUAN

III. ¹¹ Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
7057	EL PASO FIELD SERVICES P.O. BOX 1492 EL PASO, TX 79978		G	D-34-T028N-R009W

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
-------------------	--

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTD	²⁹ Perforations
³⁰ Hole Size	³¹ Casing & Tubing Size	³² Depth Set	³³ Sacks Cement	

VI. Well Test Data

³⁴ Date New Oil	³⁵ Gas Delivery Date	³⁶ Test Date	³⁷ Test Length	³⁸ Tbg. Pressure	³⁹ Csg. Pressure
⁴⁰ Choke Size	⁴¹ Oil	⁴² Water	⁴³ Gas	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ I hereby certify that the rules 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.

Signature: *Dolores Diaz*

Printed Name: Dolores Diaz
Title: Production Associate
Date: 7/11/96
Phone: (505) 326-9700

OIL CONSERVATION DIVISION

Approved by: Frank T. Chavez
Title: District Supervisor
Approved Date: July 11, 1996

⁴⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
Signature: <i>Dolores Diaz</i>	Dolores Diaz	Production Associate	7/11/96

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 08-01-83
Page 1

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

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
OPERATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Meridian Oil Inc.

Address
P. O. Box 4289, Farmington, NM 87499

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recombination <input checked="" type="checkbox"/> Change in Ownership Operatorship	Meridian Oil Inc. is Operator for El Paso Production Company
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4289, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lackey	Well No. 9	Pool Name, including Formation Otero Harris Mesa Chacra Ext.	Kind of Lease State (Federal) or Fee SF 077111	Lease No.
Location				
Unit Letter D	: 869	Feet From The North	Line and 890	Feet From The West
Line of Section 34	Township 28N	Range 9W	NMPM, 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)
Meridian Oil Inc.	P. O. Box 4289, Farmington, NM 87499
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 87499
If well produces oil or liquids, give location of tanks.	Unit, Sec., Twp., Rge. is gas actually connected? when
D, 34, 28N, 9W	

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]

(Signature)
Drilling Clerk

(Title)
11-1-86

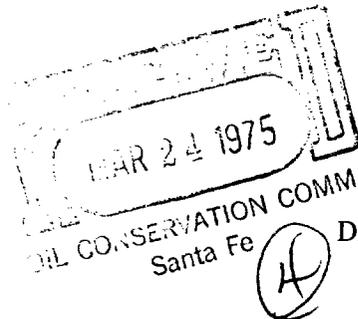
(Date)

OIL CONSERVATION DIVISION
NTIV - 1 1986

APPROVED _____, 19____
BY *[Signature]*
TITLE SUPERVISION DISTRICT # 3

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviat. tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all able on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of ownr well name or number, or transporter, or other such change of conditio
Separate Forms C-104 must be filed for each pool in multip. completed wells.

EL PASO NATURAL GAS COMPANY
POST OFFICE BOX 990
FARMINGTON, NEW MEXICO



NOTICE OF GAS CONNECTION

DATE March 13, 1975

THIS IS TO NOTIFY THE OIL CONSERVATION COMMISSION THAT CONNECTION FOR PURCHASE OF

GAS FROM El Paso Natural Gas Company
Operator

Lackey #9
Well Name

89-160-01
Meter Code

20700-4
Site Code

D
Well Unit

34-28-9
S-T-R

Harris Mesa Chacra
Pool

El Paso Natural Gas Company
Name of Purchaser

WAS MADE ON March 7, 1975,
Date

FIRST DELIVERY March 7, 1975
Date

AOF 1,786

CHOKE 1,736

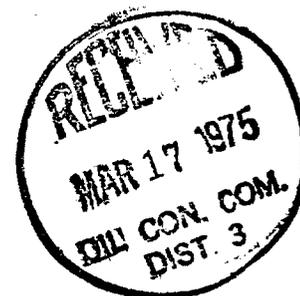
El Paso Natural Gas Company
Purchaser

Original Signed by W. M. Rogers
Representative

Chief Dispatcher
Title

cc: Operator
Oil Conservation Commission - 2
Proration - El Paso

File



UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE* (See other instructions on reverse side)

Form approved. Budget Bureau No. 42-R3556

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL [] GAS WELL [X] DRY [] Other []

b. TYPE OF COMPLETION: NEW WELL [X] WORK OVER [] DEEP-EN [] PLUG BACK [] DIFF. RESVR. [] Other []

2. NAME OF OPERATOR: El Paso Natural Gas Company

3. ADDRESS OF OPERATOR: P. O. Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 869'N, 890'W At top prod. interval reported below At total depth

14. PERMIT NO. DATE ISSUED

15. DATE SPUNDED 11-13-74 16. DATE T.D. REACHED 11-28-74 17. DATE COMPL. (Ready to prod.) 01-03-75 18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6217' GL

20. TOTAL DEPTH, MD & TVD 3507' 21. PLUG, BACK T.D., MD & TVD 3497' 22. IF MULTIPLE COMPL., HOW MANY* 23. INTERVALS DRILLED BY 0-3507

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 3330-3472' (CH) 25. WAS DIRECTIONAL SURVEY MADE No

26. TYPE ELECTRIC AND OTHER LOGS RUN IES; FDC-GR; Temp. Survey 27. WAS WELL CORED No

Table with 5 columns: CASING SIZE, WEIGHT, LB./FT., DEPTH SET (MD), HOLE SIZE, CEMENTING RECORD, AMOUNT PULLED. Includes data for 8 5/8" and 2 7/8" casing sizes.

Table with 3 columns: LINER RECORD (SIZE, TOP (MD), BOTTOM (MD), SACKS CEMENT*, SCREEN (MD)) and TUBING RECORD (SIZE, DEPTH SET (MD), PACKER SET (MD)).

Table with 2 columns: PERFORATION RECORD (Interval, size and number) and ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. (DEPTH INTERVAL (MD), AMOUNT AND KIND OF MATERIAL USED).

33.* PRODUCTION DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) WELL STATUS (Producing or shut-in) Shut-in

Table with 8 columns: DATE OF TEST, HOURS TESTED, CHOKE SIZE, PROD'N. FOR TEST PERIOD, OIL—BBL., GAS—MCF., WATER—BBL., GAS-OIL RATIO. Includes data for 01-03-75 test.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY F. Johnson

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED [Signature] TITLE Drilling Clerk DATE January 10, 1975

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

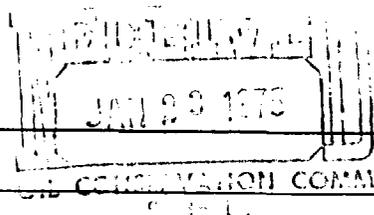
Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP TRUE VERT. DEPTH
<p>37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES</p>				<p>38. GEOLOGIC MARKERS</p>		
				<p>Pictured Cliffs Chacra</p>	<p>2348' 3321'</p>	

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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65



I. Operator
El Paso Natural Gas Company
Address
P. O. Box 990, Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey	Well No. 9	Pool Name, Including Formation Harris Mesa Chacra Ext	Kind of Lease State, (Federal) or Fee	Lease No. SF077111
Location Unit Letter D , 869 Feet From The N Line and 890 Feet From The W Line of Section 34 Township 28N Range 9W , NMPM, 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 990, Farmington, NM 87401
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 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 34 28N 9W

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'tv.	Diff. Res'tv.
		X	X					
Date Spudded 11-13-74	Date Compl. Ready to Prod. 01-03-75	Total Depth 3507'	P.B.T.D. 3407'					
Elevations (DF, RKB, RT, GR, etc.) 6217' GL	Name of Producing Formation Chacra	Top Oil/Gas Pay 3330	Tubing Depth Tubingless					
Perforations 3330-36', 3444-50', 3456-62', 3468-72'			Depth Casing Shoe 3507'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		116' GL		112 cu. ft.			
6 3/4"	2 7/8"		3507'		730 cu. ft.			
	Tubingless							

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 (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 1786	Length of Test 3 hours	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) Calc. A.O.F.	Tubing Pressure (shut-in)	Casing Pressure (shut-in) 962	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

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

A. G. Biscoe
 (Signature)
 Drilling Clerk
 (Title)
 January 10, 1975
 (Date)

OIL CONSERVATION COMMISSION
 1-21-75
JAN 21 1974
 APPROVED
 BY *[Signature]*
 SUPERVISOR DIST. #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.

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <u>El Paso Natural Gas Company</u></p> <p>3. ADDRESS OF OPERATOR <u>P. O. Box 990, Farmington, NM 87401</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u></p> <p><u>869'N, 890'W</u></p>		<p>5. LEASE DESIGNATION AND SERIAL NO. <u>SF077111</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME <u>Lackey</u></p> <p>9. WELL NO. <u>9</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Harris Mesa Chacra Ext</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 34, T-28-N, R-9-W N.M.P.M.</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>San Juan New Mexico</u></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6217' GL</u></p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	

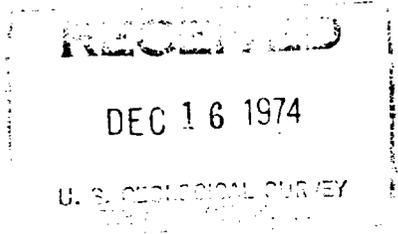
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

11-25-74 Tested surface casing, held 600#/30 minutes.

11-29-74 TD 3507'. Ran 127 joints 2 7/8", 6.4#, J-55 production casing, 3495' set at 3507'. Baffle set at 3497'. Cemented with 730 cu. ft. cement. WOC 18 hours. Top of cement at 1250'.

12-11-74 Tested casing to 4000#--OK.
PBDT 3497'. Perf'd 3330-36', 3444-50', 3456-62', 3468-72' with 6 shots per zone. Frac'd with 26,000#, 10/20 sand and 30,500 gallons treated water. Dropped 3 sets of 6 balls each. Flushed with 850 gallons water.



18. I hereby certify that the foregoing is true and correct

SIGNED A. G. Duico TITLE Drilling Clerk DATE December 13, 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

5. LEASE DESIGNATION AND SERIAL NO.

SF077111

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
El Paso Natural Gas Company

8. FARM OR LEASE NAME

Lackey

3. ADDRESS OF OPERATOR
P. O. Box 990, Farmington, NM 87401

9. WELL NO.

9

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
869'N, 890'W

10. FIELD AND POOL, OR WILDCAT

Harris Mesa Chacra Ext

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 34, T-28-N, R-9-W
N.M.P.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6217' GL

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

11-13-74 Spudded well. Drilled surface hole.

11-14-74 Ran 3 joints 8 5/8", 24# K-55 surface casing, 116' set at 116' GL. Cemented with 112 cu. ft. cement. Circulated to surface. WOC 12 hours.

NOV 20 1974
U. S. GEOLOGICAL SURVEY
FARMINGTON, N.M.

18. I hereby certify that the foregoing is true and correct

SIGNED A. G. Buico

TITLE Drilling Clerk

DATE November 18, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

30-045-21562

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK
 DRILL DEEPEN PLUG BACK

b. TYPE OF WELL
 OIL WELL GAS WELL OTHER
 SINGLE ZONE MULTIPLE ZONE

2. NAME OF OPERATOR
 El Paso Natural Gas Company

3. ADDRESS OF OPERATOR
 PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
 At surface
 At proposed prod. zone 869'N, 890'W

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drig. unit line, if any)

16. NO. OF ACRES IN LEASE

17. NO. OF ACRES ASSIGNED TO THIS WELL
 160.00

18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.

19. PROPOSED DEPTH
 3512'

20. ROTARY OR CABLE TOOLS
 Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)
 6217'GL

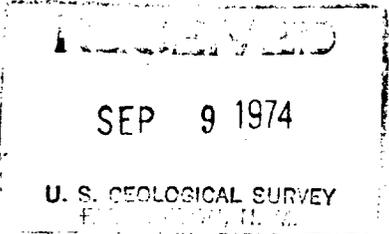
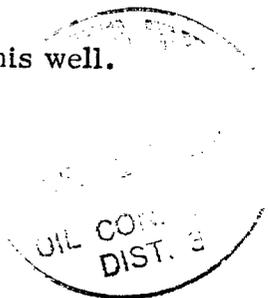
22. APPROX. DATE WORK WILL START*

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12 1/4"	8 5/8"	24.0#	120'	105 cu. ft. to circulate
6 3/4"	2 7/8"	6.4#	3512'	680 cu. ft. to cover Ojo Alamo

Selectively perforate and sandwater fracture the Chacra formation.

the NW/4 of Section 34 is dedicated to this well.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED A. G. Luices TITLE Drilling Clerk DATE September 5, 1974

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Alcar

*See Instructions On Reverse Side

NEW MEXICO OIL CONSERVATION COMMISSION
WELL LOCATION AND ACREAGE DEDICATION PLAT

Form C-102
Supersedes C-128
Effective 1-1-65

All distances must be from the outer boundaries of the Section.

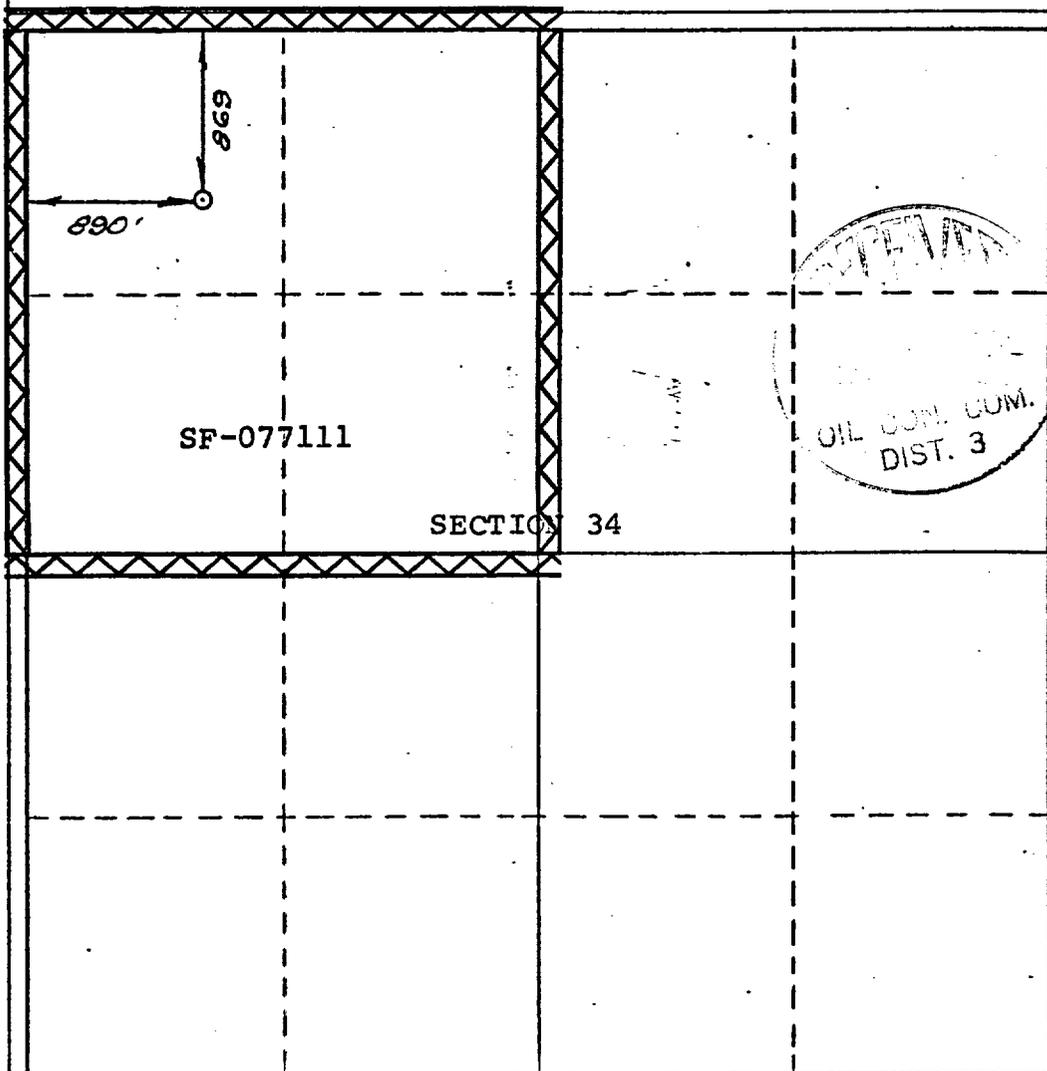
Operator EL PASO NATURAL GAS COMPANY		Lease LACKEY (SF-077111)		Well No. 9
Unit Letter D	Section 34	Township 28-N	Range 9-W	County SAN JUAN
Actual Footage Location of Well: 869 feet from the NORTH line and 890 feet from the WEST line				
Ground Level Elev. 6217	Producing Formation CHACRA	Pool <i>Harris Mesa</i> UNDESIGNATED CHACRA EXT	Dedicated Acreage: <input checked="" type="checkbox"/> 160.00 Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

Yes No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Original Signed by

Name **D. G. Brisco**
Drilling Clerk
 Position
El Paso Natural Gas Co.
 Company
September 5, 1974
 Date

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
JULY 8, 1974
 Registered Professional Engineer and/or Land Surveyor
Paul Kilburn
 Certificate No. **1760**

