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ACCOMMODATION OFFICE	

El Paso Natural Gas Company

6471900

Box 289, Farmington, New Mexico 87401

Frozen(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 _____

DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B	Well No. 15E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Private	Lease No. SF 077106
Location Unit Letter D ; 790' Feet From The N Line and 880' Feet From The N Line of Section 29 Township 28-N Range 9-W , NMPLA, San Juan County				

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 289, Farmington, New Mexico 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 289, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	D	29	28	9		

If this production is commingled with that from any other lease or pool, give commingling order number:

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 03-25-80	Date Compl. Ready to Prod. 08-11-80		Total Depth 6682'			P.B.T.D. 6668'			
Elevations (DF, RKB, RT, GR, etc.) 5890' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 6395'			Tubing Depth 6580'			
Perforations		6395, 6416, 6462, 6468, 6474, 6480, 6505, 6531, 6542, 6571, 6586, 6604, ' W/1 SPZ.				Depth Casing Shoe 6682'			
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"		9 5/8"		225'		224 c. f.			
8 3/4" & 7 7/8"		4 1/2"		6682'		439 c. f.			
		2 3/8"		6580'					

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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D 08-11-80	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 860	Coating Pressure (shut-in) 1020	Choke Size

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

(Title)

08-2980

(i) (c) (e)

OIL CONSERVATION DIVISION

APPROVED SEP 4 1960, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR 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 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 allowance 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 owned wells.