



1/11/99

Mid-Continent Region
Exploration/Production

Conoco Inc.
10 Desta Drive, Suite 100W
Midland, TX 79705-4500
(915) 686-5400

December 1, 1998

Mr. Michael Stogner
New Mexico Oil Conservation Division
2040 S. Pacheco
Santa Fe, New Mexico 87504

DEC 22 1998

Re: Unorthodox Coal Location
Lackey B LS #14E
API # 30-045-24052
Section 30, T-28-N, R-9-W, C
1120' FNL & 1850' FWL
San Juan, New Mexico

Dear Mr. Stogner,

The subject well is currently producing 25 mcf/d. This well has historically been a poor producer regardless of the fact that a large frac job was instigated. The Lackey B LS #14E has remaining Dakota reserves of 165 MMCF. It has been proposed to install a CIBP over the Dakota with the intent of producing this zone again in the future. Conoco would like to test the Fruitland coal in this unorthodox NW/4 location not only because of the poor performance of the Dakota but also because this wellbore is tax-credit qualified which enhances the economics of attempting to complete and produce the Fruitland Coal. The Lackey B LS #14E meets the set back requirements but is situated in the NW/4 of Section 30; an orthodox North half location would be in the NE/4.

The offset operator plat shows that Burlington Resources & Taurus are the offset operators that could be affected by this unorthodox location. Please find enclosed evidence that they have been notified of this application.

An unorthodox location order is requested based on the reasons given in the preceding paragraphs. If there are any further questions concerning this application please call me at (915) 686-5798.

Sincerely,

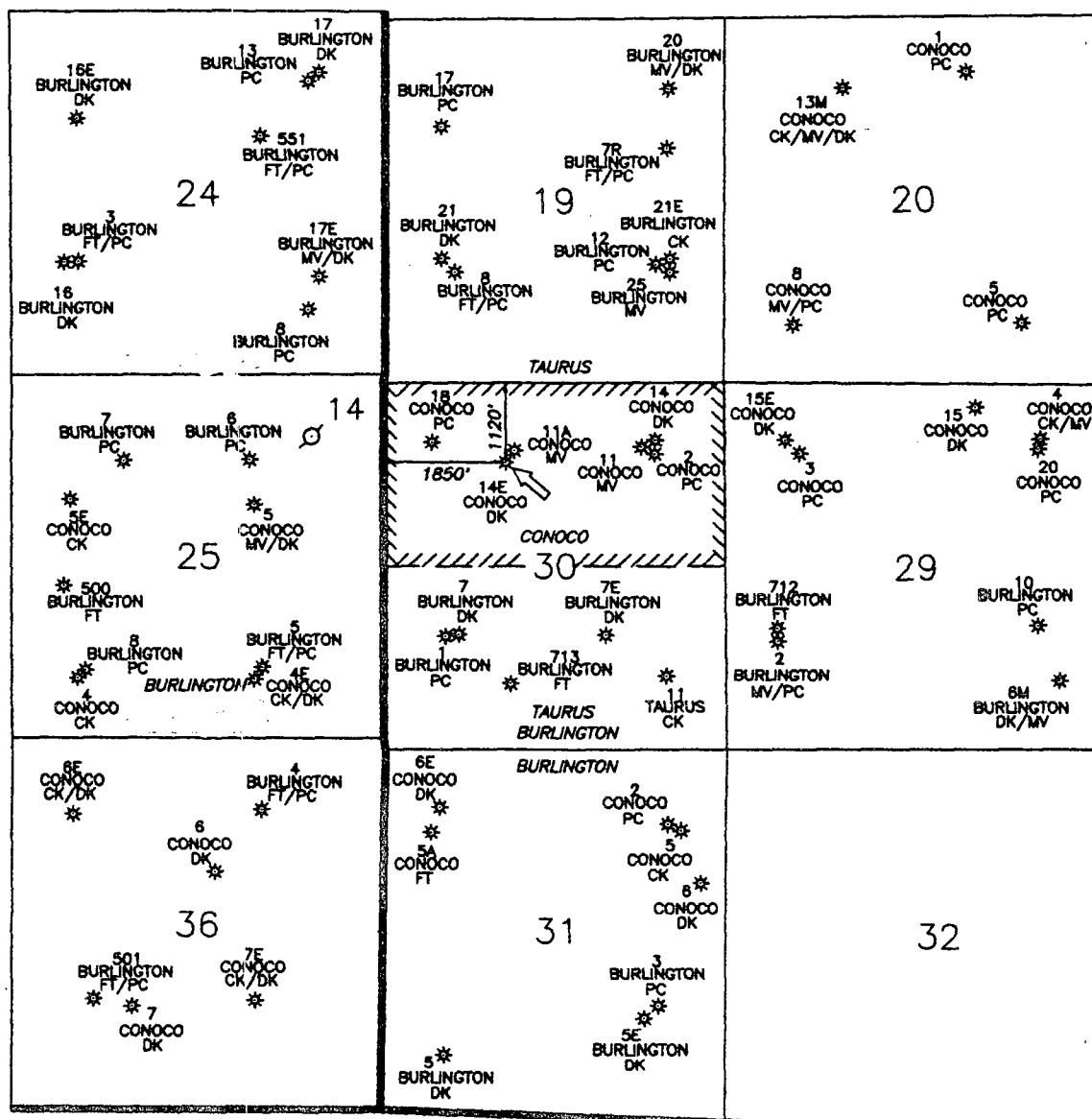

Kay Maddox
Regulatory Agent - Conoco, Inc.

KM/

Cc: Oil Conservation Division - Aztec

R 10 W

R 9 W

T
28
N

NOTES

DATE: 12/17/98

DRAWN BY: GLG

CHECKED BY:

APPROVED BY:

SCALE: 1" = 2640'

STATE PLANE COORDINATES REFERRED TO
NAD27 - N.M. WEST
STATE PLANE COORDINATES
ZONE - 3003

EPNGNA
MIDLAND DIVISIONNON-ORTHODOX
FRUITLAND COALLackey B LS No. 14E, Sec. 30, T28N, R9W
San Juan County, New Mexico

STATE ^{API} COUNTY WELL
30 \ 045 \ 24052

DRAWING

LACK_1E

CONOCO INC. OFFICE
10 DESTA DRIVE WEST
MIDLAND, TEXAS 79705

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

API Number 30-045-24052		2 Pool Code 71629		3 Pool Name Basin Fruitland Coal	
4 Property Code 22395		5 Property Name Lackey B LS			6 Well Number #14E
7 OGRID No. 005073		8 Operator Name Conoco Inc., 10 Desta Drive, Ste. 100W, Midland, TX 79705-4500			9 Elevation

10 Surface Location

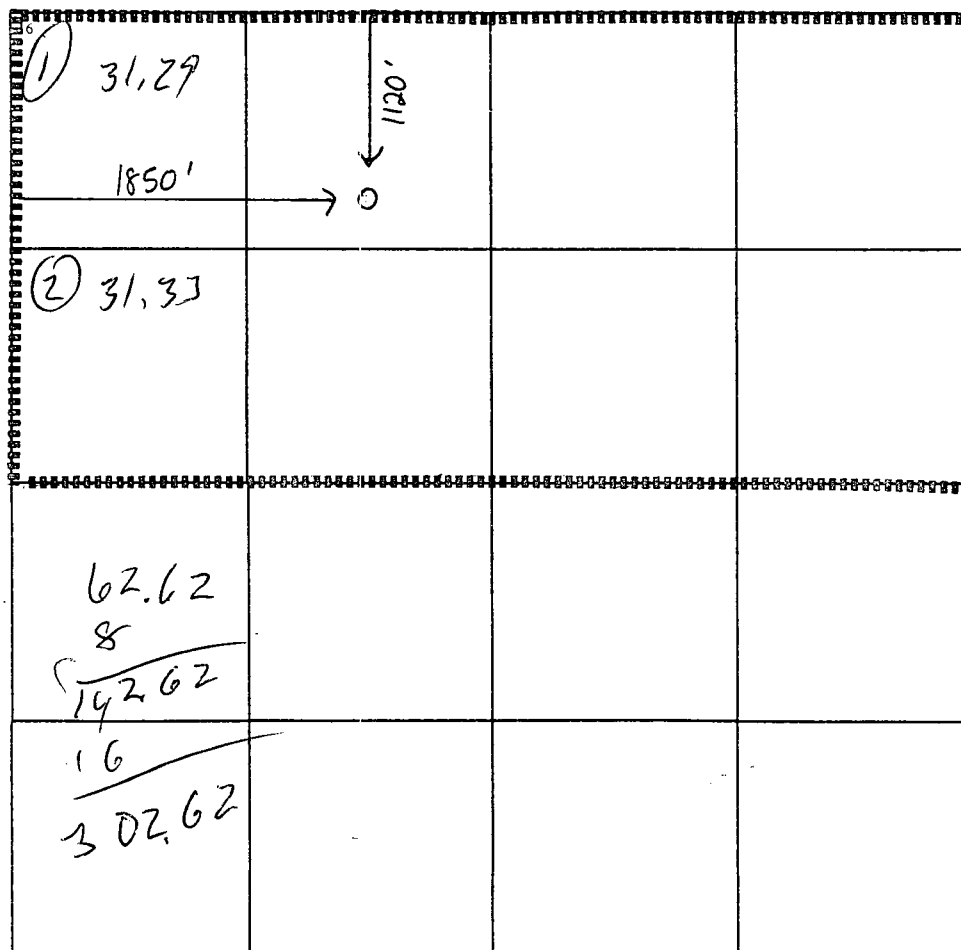
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	30	28N	9W		1120'	North	1850'	West	San Juan

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

Kay Maddox
Signature
Kay Maddox
Printed Name
Regulatory Agent
Title
December 1, 1998
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 Surveyor:

Certificate Number

December 11, 1998

RE: Application for Unorthodox Coal Location
Lackey B LS # 14E
API # 30-045-24052
Section 30, T-28-N, R-9-W, C
1120' FNL & 1850' FWL
San Juan, New Mexico

NOTIFICATION OF OFFSET OPERATORS:

Taurus Exploration
2101 6th Ave n
Birmingham, Al 35203-2784

Burlington Resources
PO Box 4289
Farmington, NM 87499

A copy of the Unorthodox location application has been sent to the above listed parties by certified mail – see attached evidence.

Z 137 529 964

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Burlington Resources	
Street & Number PO Box 4289	
Post Office, State, & ZIP Code Farmington, NM 87499	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Z 137 529 963

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to Taurus Exploration	
Street & Number 2101 6th Ave N	
Post Office, State, & ZIP Code Birmingham, AL 35203-278	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

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

District II
811 South First, Artesia, NM 88210

District III
1000 RioBrazos Rd., Aztec, NM 87410

District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Engery, Minerals and Natural Resources Department
OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CONOCO, INC. 10 Desta Drive, Suite 100 West Midland, TX 79705-4500		² OGRID Number 005073
		³ Reason for Filing Code Change of Operator 1/1/98
⁴ API Number 30-045-24052	⁵ Pool Name BASIN DAKOTA	⁶ Pool Code 71599
⁷ Property Code	⁸ Property Name LACKEY B LS	⁹ Well Number 14E

II. ¹⁰ Surface Location

UL or lot no. C	Section 30	Township 28N	Range 09W	Lot.Idn	Feet from the 1120	North/South Line N	Feet from the 1850	East/West line W	County SJ
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code F	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

RECEIVED
DEC 29 1997

IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description
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OIL CON. DIV
DIST 3

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBTB	²⁹ Perforation	³⁰ DHC,DC,MC
³¹ Hole Size	³² Casing and Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

⁴⁷ 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: <i>Bill R. Keathly</i>	OIL CONSERVATION DIVISION Approved by: Frank T. Chavez Title: Supervisor District #3 Approval Date:
Printed Name: Bill R. Keathly Title: Sr. Regulatory Specialist Date: January 1, 1998 Phone: (915) 686-5427	

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator <i>Gail Jefferson</i> Previous Operator Signature	Amoco Production Company Gail Jefferson Senior Administrative Staff Assistant 1/1/98 Printed Name Title Date	OGRID# 000778
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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals.

070 FARMINGTON, NM

1. Type of Well
☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator Attention:
Amoco Production Company Gail M. Jefferson, Rm 1295C

3. Address and Telephone No.
P.O. Box 800, Denver, Colorado 80201

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1120FNL 1850FWL Sec. 30 T 28N R 9W Unit C

5. Lease Designation and Serial No.

SF-077106

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Lackey BLS #14E

9. API Well No.

3004524052

10. Field and Pool, or Exploratory Area

Basin Dakota

11. County or Parish, State

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

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Cleanout

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Amoco Production Company performed a cleanout on of this well and landed the tubing at a new depth per the attached.

If you have any questions please contact Gail Jefferson.

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

Signed

Gail M. Jefferson

Title

Sr. Admin. Staff Asst.

Date

09-05-1996

(This space for Federal or State office use)

Approved by

Title

Conditions of approval, if any:

ACCEPTED FOR RECORD

SEP 06 1996

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

FARMINGTON DISTRICT OFFICE
BY *[Signature]*

Lackey B LS #14E - Repair - Subsequent
September 4, 1996

MIRUSU 8/12/96.

Clean out rat hole sand only. All perfs were clear and unloaded. No fluid prior to final sweep.

Found tbg plugged with sand bridge and muddy black fluid in joint above seating nipple.

Ran 1.906" guage ring prior to pulling plug.

Reland 2.375" tubing at a new depth of 6762'.

Flow test well on 3/4" choke for 4 hours. Recovered 1 bbl of wtr, no oil and 819 mcf/d flowing rate. IFTP 54#, FFTP 42#.

RDMOSU 8/15/96.

SEP 1 1985

|| or other such change of condition.

|| Separate Forms C-104 must be filed for each pool in multiply completed wells.

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

97962301
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

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address AMOCO PRODUCTION COMPANY 200 AMOCO COURT FARMINGTON, NM 87401		² OGRID Number 000778
		³ Reason for Filing Code CO
⁴ API Number 300452405200	⁵ Pool Name BASIN-DAKOTA-GAS	⁶ Pool Code 071599
⁷ Property Code 000784	⁸ Property Name LACKEY B LS 12R,13-15,17,12E-15E	⁹ Well Number 14E

II. ¹⁰Surface Location

¹⁰ UI or lot no. C	¹¹ Section 0030	¹² Township 028	¹³ Range 009	¹⁴ Lot.Idn	¹⁵ Feet from the 1120	¹⁶ North/South Line N	¹⁷ Feet from the 1850	¹⁸ East/West Line W	¹⁹ County SAN JUAN
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¹¹Bottom Hole Location

²⁰ UI or lot no.	²¹ Section	²² Township	²³ Range	²⁴ Lot.Idn	²⁵ Feet from the	²⁶ North/South Line	²⁷ Feet from the	²⁸ East/West Line	²⁹ County
³⁰ Lse Code F	³¹ Producing Method Code		³² Gas Connection Date		³³ C-129 Permit Number		³⁴ C-129 Effective Date		³⁵ C-129 Expiration Date

III. Oil and Gas Transporters

³⁶ Transporter OGRID	³⁷ Transporter Name and Address	³⁸ POD	³⁹ O/G	⁴⁰ POD ULSTR Location and Description
9018	GIANT REFINING BOX 12999 SCOTTSDALE AZ 85267	0164310	O	
7057	EPNG P.O. BOX 4990 FARMINGTON NM 87499	0164330	G	

IV. Produced Water

⁴¹ POD	⁴² POD ULSTR Location and Description
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V. Well Completion Data

⁴³ Spud Date	⁴⁴ Ready Date	⁴⁵ TD	⁴⁶ PBTD	⁴⁷ Perforations
⁴⁸ Hole Size	⁴⁹ Casing & Tubing Size	⁵⁰ Depth Set	⁵¹ Sacks Cement	

VI. Well Test Data

⁵² Date New Oil	⁵³ Gas Delivery Date	⁵⁴ Test Date	⁵⁵ Test Length	⁵⁶ Tbg. Pressure	⁵⁷ Csg. Pressure
⁵⁸ Choke Size	⁵⁹ Oil	⁶⁰ Water	⁶¹ Gas	⁶² AOF	⁶³ Test Method
⁶⁴ 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: J. P. Shaheen Printed Name: J. P. SHAHEEN Title: SENIOR BUSINESS ANALYST Date: 9/27/95			OIL CONSERVATION DIVISION Approved by: 37.8 Title: SUPERVISOR DISTRICT #3 Approval Date: SEP 27 1995 Phone: (505) 326-9413		

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 300452405200
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name LACKEY B LS	Well No. 14E	Pool Name, Including Formation BASIN DAKOTA (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location				
Unit Letter C	: 1120	Feet From The FNL	Line and 1850	Feet From The FWL
Section 30	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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, NM 87401
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS COMPANY	P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
			10 5/8 IN			10		
			AUG 23 1990					

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
July 5, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

AUG 23 1990

Date Approved
By
Title
SUPERVISOR DISTRICT 13

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.	
Operator Amoco Production Company	Well API No. 3004524052
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155	

RECEIVED

JUN 14 1989

**OIL CONSERVATION DIV.
SANTA FE**

II. DESCRIPTION OF WELL AND LEASE

Lease Name LACKEY B LS	Well No. 14E	Pool Name, Including Formation BASIN (DAKOTA)	FEDERAL	Lease No. SF077106
Location				
Unit Letter C	1120	Feet From The FNL	Line and 1850	Feet From The FWL
Section 30	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) CONOCO P. O. BOX 1429, BLOOMFIELD, NM 87413					
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 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	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
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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 Tank	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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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.

J. L. Hampton

Signature
J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name
Janaury 16, 1989 303-830-5025
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**
By *[Signature]*
Title **SUPERVISION DISTRICT # 3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

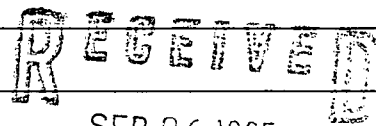
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TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company		 SEP 06 1985 OIL CON. DIV. DIST. 3
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate Well Name

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B LS	Well No. 14 E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 077106
Location				
Unit Letter C	: 1120	Feet From The N	Line and 1850	Feet From The W
Line of Section 30	Township 28N	Range 9W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

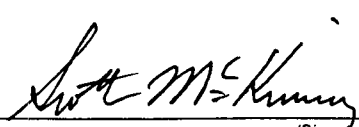
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit C Sec. 30 Twp. 28N Rge. 9W	Is gas actually connected? Yes When

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)

Sr. Regulatory Analyst

(Title)

SEP 4 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SEP 06 1985

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 allowable on new and recompleted wells.

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.'v.	Diff. Res.'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations						Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			

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

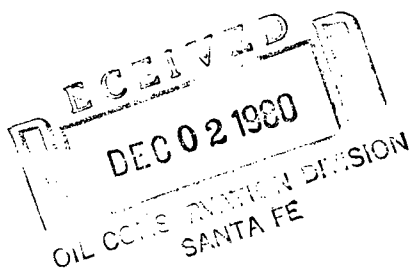
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

NOTICE OF GAS CONNECTION

DATE November 19, 1980

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

GAS FROM El Paso Natural Gas Company Lackey B #14-E
Operator Well Name93-372-01 72963-51 C 30-28-9
Meter Code Site Code Well Unit S-T-RBasin Dakota El Paso Natural Gas Company
Pool Name of PurchaserWAS MADE ON November 6, 1980 FIRST DELIVERY November 13, 1980
Date DateAOF -CHOKE -**El Paso Natural Gas Company**

Purchaser

Original Filed 11/19/80

Representative

Chief Dispatcher

Title

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

File

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR El Paso Natural Gas Company	
Address P. O. Box 289, Farmington, New Mexico	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change of 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 <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B	Well No. 14 E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or State SF	Lease No. 077106
Location Unit Letter <u>C</u> : <u>1120</u> Feet From The <u>N</u> Line and <u>1850'</u> Feet From The <u>W</u>				
Line of Section <u>30</u> Township <u>28-N</u> Range <u>9-W</u> , 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 289, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. <u>C</u> <u>30</u> <u>28</u> <u>9</u>
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 5-14-80	Date Compl. Ready to Prod. 9-9-80	Total Depth 7011'	P.B.T.D. 6996'					
Elevations (DF, RKB, RT, GR, etc.) 6217' GL	Name of Producing Formation Dakota	Top Gas Pay 6696'	Tubing Depth 6869'					
Perforations 6696, 6713, 6716, 6725, 6731, 6765, 6771, 6777, 6806, 6812, 6820, 6829, 6833, 6864, 6894			Depth Casing Shoe 7011'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	223'	224 cu. ft.
8 3/4"	4 1/2"	7011'	361 cu. ft.
	2 3/8"	6869'	

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

GAS WELL

Actual Prod. Test-MCF/D 324	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) 1000	Casing Pressure (shut-in) 1320	Choke Size

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.

OIL CONSERVATION DIVISION

APPROVED 9-25 SEP 25 1980, 19____
BY Sam J. Chay
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 allow-
able 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

Drilling Clerk

9-22-80

(Date)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

5. LEASE DESIGNATION AND SERIAL NO.

SF 077106

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lackey B

9. WELL NO.

14E

10. FIELD AND POOL, OR WIELDCAT

Basin Dakota

11. SEC., T., R., M., OR BLOCK AND SURVEY
OR AREASec. 30, T-28-N, R-9-W
NMPM12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

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 289, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface

1120'N, 1850'W

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED

5-14-80

16. DATE T.D. REACHED

5-27-80

17. DATE COMPL. (Ready to prod.)

9-9-80

18. ELEVATIONS (DF, REB, RT, GR, ETC.)*

6217' GL

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

7011'

21. PLUG, BACK T.D., MD & TVD

6996'

22. IF MULTIPLE COMPL.,
HOW MANY*23. INTERVALS
DRILLED BY

ROTARY TOOLS

CABLE TOOLS

0-7011'

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

6696-6894' (Dak)

25. WAS DIRECTIONAL
SURVEY MADE

26. TYPE ELECTRIC AND OTHER LOGS RUN

IEL, GIL, CDL/GR, GR Temp. Survey

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

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
9 5/8"	36#	223'	13 3/4"	224 cu. ft.	
4 1/2"	10.5 & 11.6#	7011'	8 3/4"	361 cu. ft.	

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	6869' GL	

31. PERFORATION RECORD (Interval, size and number)

6696,6713,6716,6725,6731,
6765,6771,6777,6806,6812,
6820,6829,6833,6864,6894' W/1 SPZ.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)
6696-6894'
AMOUNT AND KIND OF MATERIAL USED
274,000# SD, 124,500 gal. wtr.

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
		After Frac Gauge 324 MCF/D				Shut-In	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
9-9-80			→				
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
SI 1000	SI 1320	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

TEST WITNESSED BY

H. E. McAnally

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

TITLE

Drilling Clerk

DATE

9-22-80

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

FARMINGTON DISTRICT

BY

SEP 24 1980

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.)

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

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.

38. GEOLOGIC MARKERS

NAME	TOP	
	MEAS. DEPTH	TRUE VERT. DEPTH
Ojo Alamo	1205	
Kirtland	1425'	
Fruitland	2083'	
Pictured Cliffs	2346'	
Chacra	3305'	
Mesa Verde	3910'	
Pointe Lookout	4624'	
Gallup	5813'	
Green Horn	6638'	
Dakota	6756'	

NEW MEXICO OIL CONSERVATION COMMISSION
MULTIPOINT AND ONE POINT BACK PRESSURE TEST FOR GAS WELL

Form C-122
 Revised 9-1-65

Type Test <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Special						Test Date 9-9-80	
Company El Paso Natural Gas Company				Connection El Paso Natural Gas Company			
Pool Basin				Formation Dakota		Unit	
Completion Date 9-2-80		Total Depth 7011		Plug Back TD 6996		Elevation 6217 G.L.	
Farm or Lease Name Lackey B							
Csg. Size 4.500	Wt. 11.6	d 4.000	Set At 7011	Perforations: From 6696 To 6894		Well No. 14E	
Thq. Size 2.375	Wt. 4.7	d 1.995	Set At 6869	Perforations: From To		Unit Sec. Twp. Rge. C 30 28 9	
Type Well - Single - Bradenhead - G.G. or G.O. Multiple Single				Packer Set At		County San Juan	
Producing Thru		Reservoir Temp. °F @		Mean Annual Temp. °F		Baro. Press. - P _a State New Mexico	
L	H	G _g	% CO ₂	% N ₂	% H ₂ S	Prover	Meter Run Taps

FLOW DATA							TUBING DATA		CASING DATA		Duration of Flow
NO.	Prover Line Size	X	Orifice Size	Press. p.s.i.g.	Diff. h _w	Temp. °F	Press. p.s.i.g.	Temp. °F	Press. p.s.i.g.	Temp. °F	
SI							1000		1320		7 Days
1.											
2.											
3.											
4.											
5.											

RATE OF FLOW CALCULATIONS						
NO.	Coefficient (24 Hour)	$\sqrt{h_w P_m}$	Pressure P _m	Flow Temp. Factor F _t	Gravity Factor F _g	Rate of Flow Q, Mcfd
1.						
2.						
3.						
4.						
5.						

NO.	1.	2.	3.	4.	5.	Z	Gas Liquid Hydrocarbon Ratio _____ Mcf/bbl.
							A.P.I. Gravity of Liquid Hydrocarbons _____ Deg.
							Specific Gravity Separator Gas _____ X X X X X X X X
							Specific Gravity Flowing Fluid _____ X X X X X
							Critical Pressure _____ P.S.I.A. _____ P.S.I.A.
						Critical Temperature _____ R _____ R	

NO.	P _c	P _c ²	P _w	P _w ²	P _c ² - P _w ²	(1) $\frac{P_c^2}{P_c^2 - P_w^2} =$ _____ (2) $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ _____
1						
2						
3						
4						
5						

AOF = Q $\left[\frac{P_c^2}{P_c^2 - P_w^2} \right]^n =$ _____	Absolute Open Flow _____ Mcfd @ 15.025 Angle of Slope θ _____ Slope, n _____
Remarks: _____	
Approved By _____ H. B. McAnally	

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
El Paso Natural Gas Company

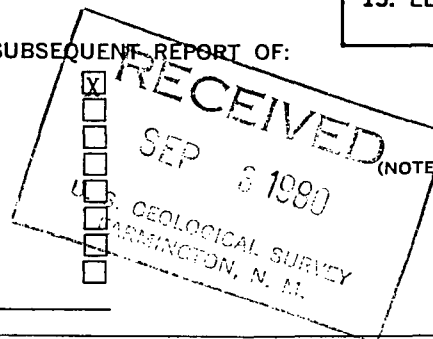
3. ADDRESS OF OPERATOR
P.O. Box 289, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120'N, 1850'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

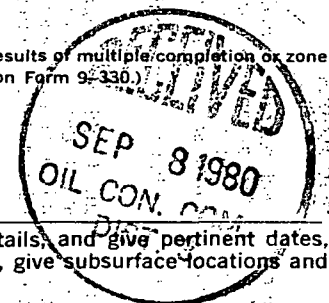
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

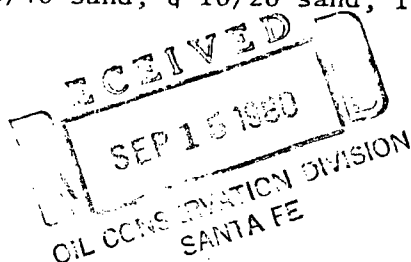


(NOTE: Report results of multiple completion or zone change on Form 9-330.)



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.)*

8-30-80: PBDT 6996'. Tested casing to 4000#, OK. Perfed 6696,6713,6716,6725,6731, 6765,6771,6777,6806,6812,6820,6829,6833,6864,6894' W/1 SPZ. Fraced w/ 274,000# 20/40 sand, & 10/20 sand, 124,500 gal. wtr. Flushed w/ 4271 gal. wtr.



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED John Bradford TITLE Drilling Clerk DATE September 3, 1980

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

FARMINGTON DISTRICT

BY RW

NMOCC

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120'N, 1850'W
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☒
☐
☐
☐
☐
☐
☐
☐

5. LEASE
SF 077106
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lackey B
9. WELL NO.
14E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-28-N, R-9-W
N.M.P.M.
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6217' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

5-27-80: TD 7011'. Ran 175 joints of 4 1/2", 10.5# & 11.6#, K-55 production casing 6999' set at 7011'. Float collar set at 6996'. Stage tools set at 5251-2473'. Cemented 1st stage w/ 361 cu. ft. cement. 2nd stage w/ 689 cu. ft. cement. 3rd stage w/ 826 cu. ft. cement. WOC 18 hours. Top of cement at 600'.

ACCEPTED FOR RECORD

JUN 5 1980

FARMINGTON DISTRICT

BY *[Signature]*

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED *[Signature]* TITLE Drilling Clerk DATE June 2, 1980

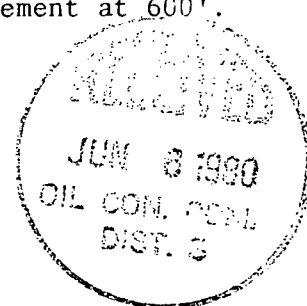
(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

NMOCC

*See Instructions on Reverse Side



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
2. NAME OF OPERATOR
El Paso Natural Gas Company
3. ADDRESS OF OPERATOR
Box 289, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1120'N, 1850''W
AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

RECEIVED
MAY 21 1980
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

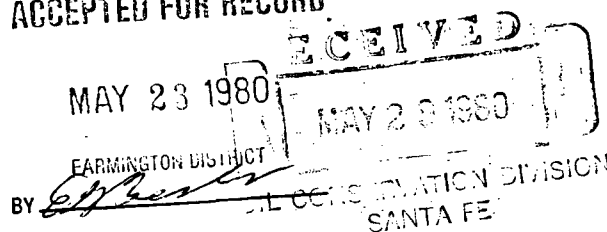
5. LEASE
SF 077106
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Lackey B
9. WELL NO.
14E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30-T-28-N, R-9-W
NMPM
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6217' GL



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.)*

5-14-80: Spudded well. Drilled surface hole. Ran 5 joint 9 5/8", 36#, K-55 surface casing 209' set at 223'. Cemented w/ 224 cu. ft. cement. Circulated to surface. WOC 12 hours; held 600#/30 minutes.

ACCEPTED FOR RECORD



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED N. G. Busco TITLE Drilling Clerk DATE May 16, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

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 289, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*)

At surface

1120'N, 1850'W

At proposed prod. zone

same

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

9 miles southeast of Blanco, NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST

PROPERTY OR LEASE LINE, FT.

(Also to nearest drlg. unit line, if any)

790'

16. NO. OF ACRES IN LEASE

1862.62

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

300'

19. PROPOSED DEPTH

7010'

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

6217'GL

17. NO. OF ACRES ASSIGNED
TO THIS WELL

N/ 302.62

20. ROTARY OR CABLE TOOLS

Rotary

22. APPROX. DATE WORK WILL START*

23.

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
13 3/4"	9 5/8"	36.0#	200'	224 cu.ft. to circulate
8 3/4" &	4 1/2"	10.5#&	7010'	1640 cu.ft. - 3 stages
7 7/8"		11.6#		

1st stage - 333 cu.ft. to cover Gallup

2nd stage - 646 cu.ft. to cover Mesa Verde

3rd stage - 661 cu.ft. to cover Ojo Alamo

Selectively perforate and sandwater fracture the Dakota formation.

A 3000 psi WP and 6000 psi test double gate preventer equipped with
blind and pipe rams will be used for blow out prevention on this well.This gas is dedicated.ADDITIONAL WELL NEEDED PURSUANT TO NEW MEXICO ORDER R-1670-V.
U.S.G.S. RATIONATION DATED JUNE 3, 1979.

The N/2 of Section 30 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

D. G. Busico

TITLE

Drilling Clerk

DATE

11-27-79

(This space for Federal or State office use)

PERMIT NO.

APPROVAL DATE

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMM-412

ALL OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REGULATIONS"

*See Instructions On Reverse Side

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

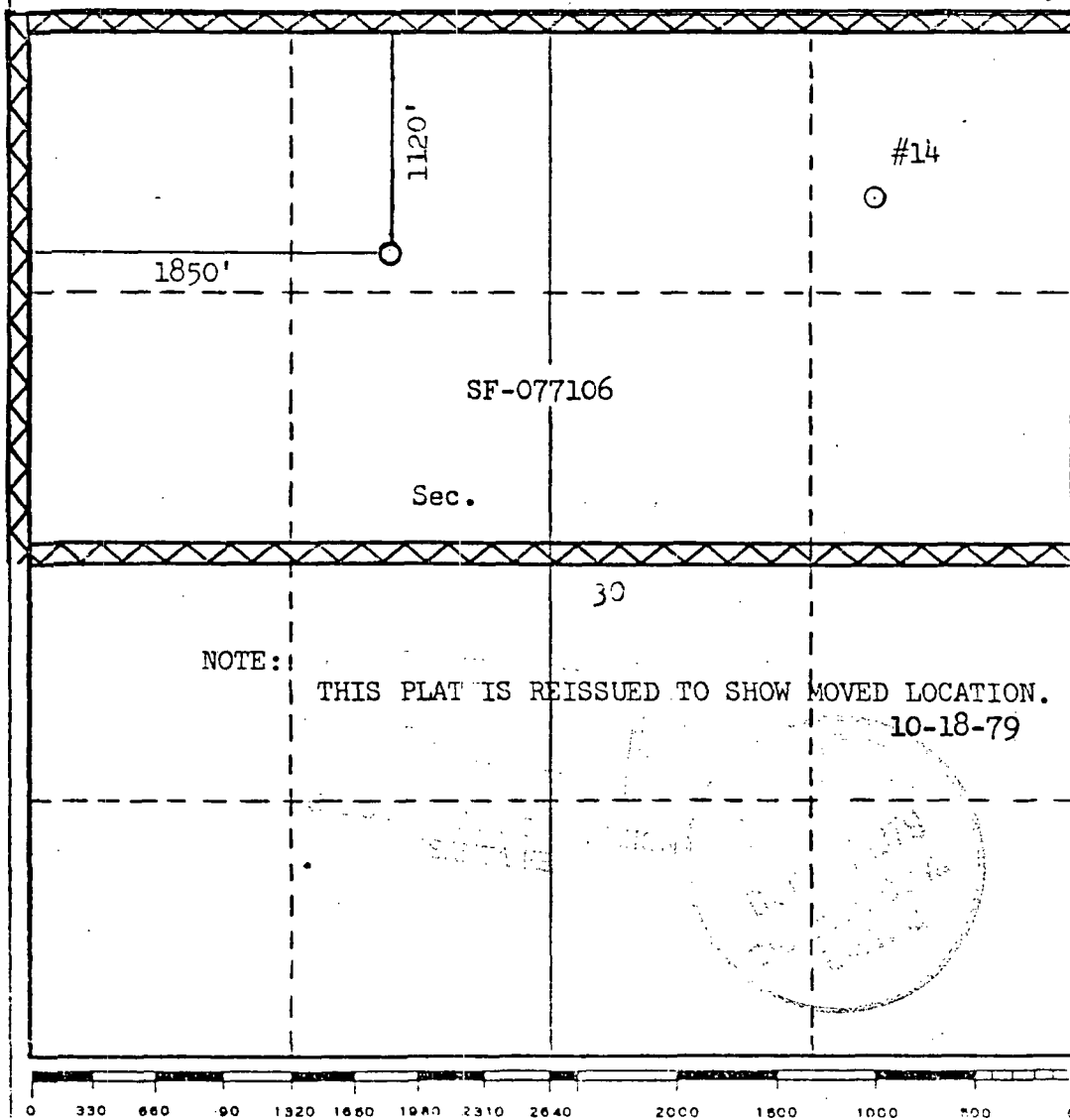
Operator EL PASO NATURAL GAS COMPANY			Lease LACKEY "B" (SF-077106)		Well No. 14-E
Unit Letter C	Section 30	Township 28N	Range 9W	County San Juan	
Actual Footage Location of Well: 1120 feet from the North line and 1850 feet from the West line					
Ground Level Elev. 6217	Producing Formation Dakota	Pool Basin Dakota		Dedicated Acreage: 302.62 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. NOTE: THIS PLAT IS REISSUED TO SHOW MOVED LOCATION. 10-9-79



CERTIFICATION

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

A. J. Durco

Name

Drilling Clerk

Position

El Paso Natural Gas Co.

Company

November 27, 1979

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.

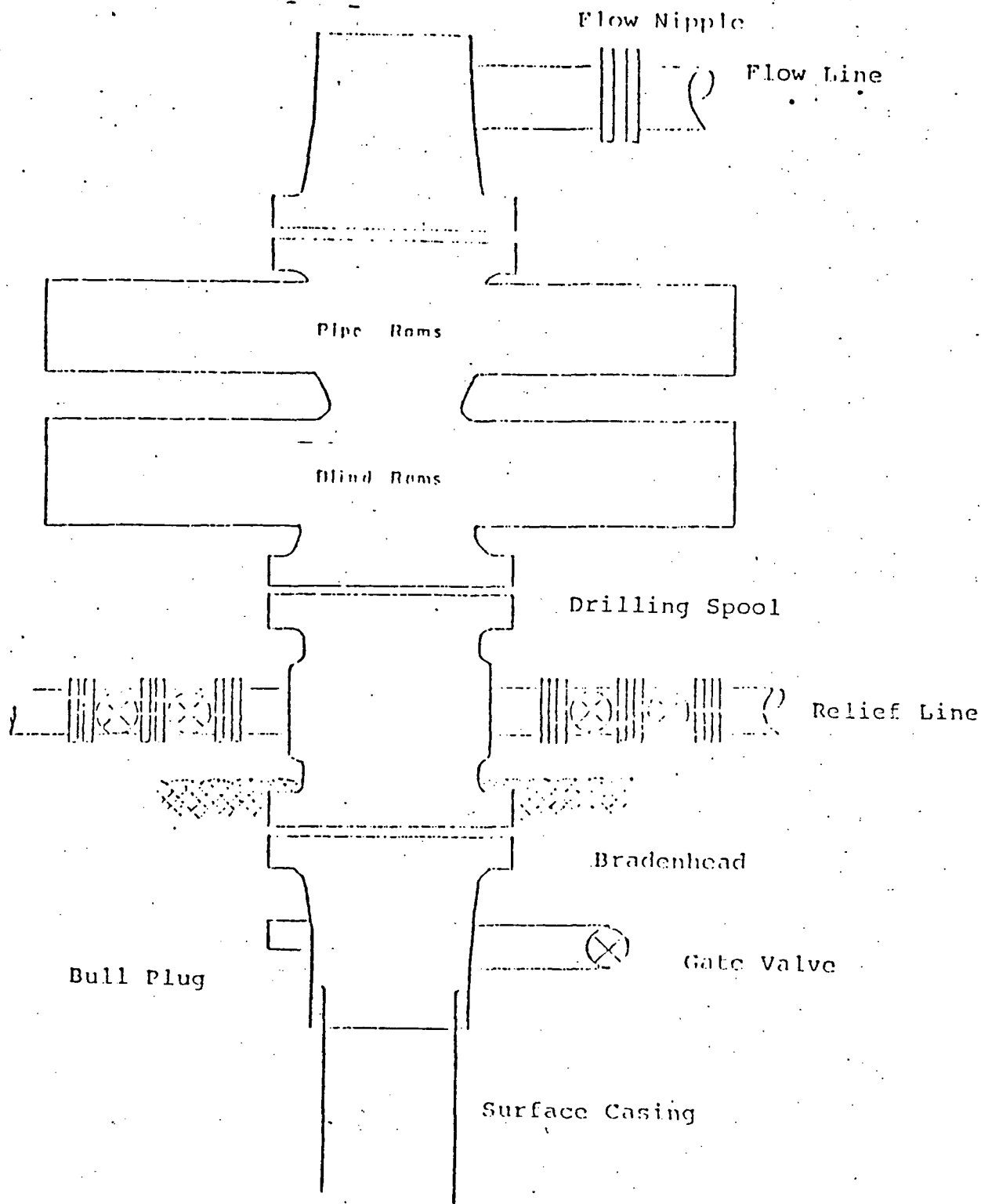
Date Surveyed

September 27, 1979

Registered Professional Engineer and/or Land Surveyor

Certificate No.

Typical B.O.P. Installation
for : Dakota Well



Series 900 Double Gate BOP, rated
at 3000 psi Working Pressure

When gas drilling operations begin a Shaffer type
50 or equivalent rotating head is installed on top of
the flow nipple and the flow line is converted into
a blowie line.