

OIL CONSERVATION DIVISION

P. O. BOX 2000

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-70REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

El Paso Natural Gas Company

Address
P.O. Box 289, Farmington, New Mexico 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

DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B	Well No. 13 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>1025</u> Feet From The <u>N</u> Line and <u>1655</u> Feet From The <u>W</u> Line of Section <u>20</u> Township <u>28-N</u> Range <u>9-W</u> , NMPM, 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 289, Farmington, NM	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 289, Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 20
	Twp. 28-N	Rge. 9-W
Is gas actually connected?		When

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'v.	Diff. Res'v.
			X	X					
Date Spudded 3-12-80	Date Compl. Ready to Prod. 7-16-80	Total Depth 6703'		P.B.T.D. 6689'					
Elevations (DF, RKB, RT, CR, etc.) 5835' GL	Name of Producing Formation Dakota		Top Sec Gas Pay 6438		Tubing Depth 6592				
Perforations 6438, 6458, 6483, 6490, 6496, 6504, 6525, 6551, 6563, 6585, 6605' W/1 SPZ.					Depth Casing Shoe 6703'				
HOLE SIZE 13 3/4"	CASING & TUBING SIZE 9 5/8"		DEPTH SET 228		SACKS CEMENT 190 cu. ft.				
7 7/8" & 8 3/4"	4 1/2"		6703'		480 cu. ft.				
	2 3/8"		6592'						

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 166	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in) SI 220	Casing Pressure (shut-in) SI 1460	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

August 14, 1980

OIL CONSERVATION DIVISION

APPROVED SEP 4 1980, 19BY Original Signed by FRANK T. CHAVEZTITLE 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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.

Separate forms C-104 must be filed for each pool in multiple