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

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator  
**Lively Exploration Company**

Address  
**1300 Post Oak Blvd. #1900, Houston, Texas 77056**

Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/>		
Recompletion <input type="checkbox"/>	Dry Gas <input type="checkbox"/>		
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>		

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Lively</b>	Well No. <b>18</b>	Pool Name, Including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>\$F078622</b>
Location				
Unit Letter <b>M</b>	<b>800</b> Feet From The <b>South</b> Line and <b>1180</b> Feet From The <b>West</b>			
Line of Section <b>1</b>	Township <b>26N</b>	Range <b>8W</b>	, NMPM, <b>San Juan</b> 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)					
<b>Gary Energy Corporation</b>	<b>P. O. Box 489, Bloomfield, New Mexico 87413</b>					
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)					
<b>El Paso Natural Gas Company</b>	<b>P. O. Box 4289, Farmington, New Mexico 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>M</b>	Sec. <b>1</b>	Twp. <b>26N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b>	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.
		<b>X</b>	<b>X</b>					
Date Spudded <b>1/5/74</b>	Date Compl. Ready to Prod. <b>2/9/74</b>		Total Depth <b>6730'</b>		P.B.T.D. <b>6665'</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6140' GR - 6153' RKB</b>	Name of Producing Formation <b>Dakota</b>		Top Oil/Gas Pay <b>6472'</b>		Tubing Depth <b>6635'</b>			
Perforations <b>6652-6647', 6633-6628', 6617-6612', 6608-6603', 6599-6594', 6576-6571', 6532-6527', 6477-6472'</b>					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<b>12 1/4"</b>	<b>8 5/8"</b>		<b>220' RKB</b>		<b>150 sx</b>			
<b>7 7/8"</b>	<b>4 1/2"</b>		<b>6730' RKB</b>		<b>454 cu ft (first stage)</b>			
	<b>1 1/4"</b>		<b>6635' RKB</b>		<b>1688 cu ft (second stage)</b>			

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 <b>2203 AOF</b>	Length of Test <b>3 hrs.</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>One point back pressure</b>	Tubing Pressure (shut-in) <b>2081 SI</b>	Casing Pressure (shut-in) <b>2385 SI</b>	Choke Size <b>5/8"</b>

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.

*Benny Lee Reed*  
(Signature)  
**Executive Vice President**  
(Title)  
**3 October 1984**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_  
BY *Franklin*  
SUPERVISOR DISTRICT

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.