VERGY AND MINERALS DEPARTMENT DISTRIBUTION
SANTA FE
FILE
U.S.U.S. LAND OFFICE

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

## REQUEST FOR ALLOWABLE

| TRANSPORTER GAS   | ANSPORTER 1  |  |  |  |  |
|---|--|--|--|--|--|
| OPERATOR  | AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS   |  |  |  |  |
| Operator OFFICE   |  |  |  |  |  |
| Lively Exploration Comp   | any  |  |  |  |  |
| 1300 Post Oak Blvd. #19   |  | 56   |  |  |  |
| Reason(s) for filing (Check proper box  |  | Other (Please  | explain)   |  |  |
| New Well  | New Well Change in Transporter of:  Recompletion Oil Dry Gas   |  |  |  |  |
| Change in Ownership   |  |  |  |  |  |
| C.R.A.G. III C. |  | <u>[</u>   |  |  |  |
| If change of ownership give name and address of previous owner  |  |  | <del></del>  | <del></del>  |  |
| DESCRIPTION OF WELL AND   | LEASE.   Well No.   Pool Name, Including F   | Townstion [  | Kind of Lease  |  |  |
| Lively  | 19E Basin Dakota   | !  |  | or Fee Federal SF078622  |  |
| Location  | 1.02   200 201.012   |  |  | 3.070022   |  |
| Unit Letter N ; 310   | Feet From The South Lir  | ne and <u>2390</u>   | _ Feet From T  | he West  |  |
| Line of Section 12 Tov  | vnship 26N Range 8   | W , NMPM,  | San Jua  | n County   |  |
| DESIGNATION OF TRANSPORT  | TER OF OIL AND NATURAL GA  | <b>AS</b>  |  |  |  |
| Name of Authorized Transporter of Oil   | or Condensate 🗶  |  | which approv   | ed copy of this form is to be sent)  |  |
| Gary Energy Corporatio  | <u>n</u>   | P. O. Box 489, E   | <b>Bloomfield</b>  | New Mexico 87413   |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form   |  |  |  |  |  |
| El Paso Natural Gas Company  P. O. Box 4289, Farmington, New Mexico 8  Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When  |  |  |  |  |  |
| If well produces oil or liquids,  |  |  |  |  |  |
|   | <u> </u>   |  |  |  |  |
| If this production is commingled wit COMPLETION DATA  |  |  | <del></del> -  |  |  |
| Designate Type of Completio   | on - (X)   Gas Well   X  | New Well Workover  | Deepen   | Plug Back   Same Restv. Diff. Restv.   |  |
| Date Spudded  | Date Compl. Ready to Prod.   | Total Depth  |  | P.B.T.D.   |  |
| 7/13/81   | 9/5/81   | 6886'  |  | 6852'  |  |
| Elevations (DF, RKB, RT, GR, etc.) 6325 GL  | Name of Producing Formation  DAkota  | Top Oil/Gas Pay 6818'  |  | Tubing Depth 68681   |  |
| Perforations 6686-6691', 6702-6704', 6706-6708',  |  | 0010   |  | Depth Casing Shoe  |  |
| 6736-6738', 6748-6752', 6761-6763', 6795-6797', 6799-6804', 6814-6818' 6711'  |  |  |  |  |  |
|   |  | CEMENTING RECORE   |  |  |  |
| HOLE SIZE   | CASING & TUBING SIZE   | DEPTH SE   |  | SACKS CEMENT   |  |
| 12 1/4"   | 8 5/8"   | 265'   |  | 250 sx   |  |
| 7 7/8"  | 4 1/2"   | 6886'  |  | 2100 sx  |  |
|   | 1 1/2"   | 6711'  |  |  |  |
| TEST DATA AND REQUEST FO  | OR ALLOWABLE (Test must be a phie for this de  | feer recovery of total voluπepth or be for full 24 hours   | e of load oil a  | nd must be equal to or excess top allow-   |  |
| OIL WELL Date First New Oil Run To Tanks  | Date of Test   | Producing Method (Flow,  |  | , etc.)  |  |
|   |  |  |  | S. D.  |  |
| Length of Test  | Tubing Pressure  | Casing Pressure  |  | Choke Size   |  |
| Actual Prod. During Test  | Oil-Bbis.  |  | 101984   | Gas-MCF  |  |
| L   | <u> </u>   | 130 67   | 10   | · ·  |  |
| GAS WELL  |  | -u (   | J.VO.  |  |  |
| Actual Prod. Test-MCF/D   | Length of Test   | Bbls. Condens de MMCF  | DIST. 3  | Gravity of Condensate  |  |
| D = -6" CAOE 000  | 1  |  | W  |  |  |
| P.T. 734; CAOF 896  |  |  | <u>in)</u>   | Choke Size   |  |
| P. 1. 734; CAOF 896<br>Teeting Method (pitot, back pr.)<br>Back pressure  | 3 hrs. Tubing Pressure (Shut-in) 1570  | Casing Pressure (Shut-   | į  | Choke Size<br>Pitot Tube   |  |
| Teeting Method (pitot, back pr.) Back pressure  | Tubing Pressure (Shut-in) 1570   | Casing Pressure (Shut-   | į  | Pitot Tube   |  |
| Teeting Method (pitot, back pr.) Back pressure CERTIFICATE OF COMPLIANCE  | Tubing Pressure (Shut-in) 1570 E   | Casing Pressure (Shut-   | INSERVATI  | Pitot Tube   |  |
| Back pressure  CERTIFICATE OF COMPLIANC  I hereby certify that the rules and re   | Tubing Pressure (Shut-in) 1570  E  egulations of the Oil Conservation and that the information given                                   | Casing Pressure (Shut-<br>1625   | į  | ON DIVISION 1 1984   |  |
| Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in) 1570  E  egulations of the Oil Conservation and that the information given                                   | Casing Pressure (Shut- 1625  OIL CO APPROVED   | INSERVATI  | Pitot Tube   |  |
| Back pressure  CERTIFICATE OF COMPLIANC  I hereby certify that the rules and re   | Tubing Pressure (Shut-in) 1570  E  egulations of the Oil Conservation and that the information given                                   | Cosing Pressure (Shut- 1625  OIL CO APPROVED  BY  TITLE  | INSERVATI  | ON DIVISION 1 1984   |  |
| Back pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and red Division have been complied with above is true and complete to the  | Tubing Pressure (Shut-in) 1570  EE egulations of the Oil Conservation and that the information given best of my knowledge and belief.  | Casing Pressure (Shut- 1625  OIL CO APPROVED  BY  TITLE  This form is to  If this is a required this form must   | be filed in co   | SUPERVISOR DISTRICT # 3  Dompliance with MULE 1104.  sible for a newly drilled or deepened lied by a tabulation of the deviation   |  |
| Back pressure  CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and red Division have been complied with above is true and complete to the (Signal Executive Vice Presiden)   | Tubing Pressure (Shut-in) 1570  EE  egulations of the Oil Conservation and that the information given best of my knowledge and belief. | Casing Pressure (Shut- 1625  OIL CO APPROVED  BY  TITLE  This form is to  If this is a requ well, this form must tests taken on the w All sections of                    | be filed in coest for allows be accompanied in accordant this form mus   | SUPERVISOR DISTRICT # 3  Distr |  |
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Separate Forms C-104 must be filed for each pool in multiply completed wells.