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SANTA FE	
FILE	
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

I. 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 Change in Transporter of: Oil Dry Gas

Recompletion Casinghead Gas Condensate

Change in Ownership

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lively	Well No. 27	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF079205
Location				
Unit Letter P	: 790 Feet From The South Line and	790 Feet From The East		
Line of Section 18	Township 28N	Range 8W	, 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"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, New Mexico 87413			
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 4289, Farmington, New Mexico 87499			
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 18	Twp. 28N	Rge. 8W
			Is gas actually connected? YES	When

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

V. 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 11/30/74	Date Compl. Ready to Prod. 12/13/74	Total Depth 6610'		P.B.T.D. 6610'				
Elevations (OF, RKB, RT, GR, etc.) 5733' GR	Name of Producing Formation Dakota	Top Oil/Gas Pay 6486'		Tubing Depth 6545'				
Perforations 6486-6492' and 6562-6568'			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
13 3/4"	9 5/8"		276' RKB			225 SX		
8 3/4"	7"		2357' RKB			200 SX		
6 1/4"	4 1/2"		6609' RKB			250 SX		
	1 1/4"		6545' RKB					

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


RECEIVED
OCT 10 1984
OIL CON. DIV.
DIST. 3

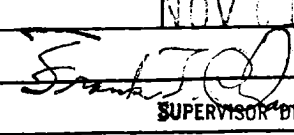
GAS WELL

Actual Prod. Test-MCF/D -965 AOF	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure (shut-in) 2250	Casing Pressure (shut-in) 2245	Choke Size 3/4"

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.


 Executive Vice President
 3 October 1984

OIL CONSERVATION DIVISION
 APPROVED _____ **NOV 01 1984**
 BY 
 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 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.