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Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Address  
P. O. Box 234, Farmington, New Mexico 87401

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

## II. DESCRIPTION OF WELL AND LEASE

Lesse Name <b>Lively</b>		Well No. <b>10</b>	Pool Name, including Formation <b>Basin Dakota</b>	Kind of Lease State, Federal or Fee <b>Fed.</b>	Lease No. <b>SF 078414</b>
Location					
Unit Letter <b>F</b> : <b>1610</b> Feet From The <b>North</b> Line and <b>1770</b> Feet From The <b>West</b>					
Line of Section <b>17</b> Township <b>29N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> County					

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.					P. O. Box 108, Farmington, New Mexico 87401	
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 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	F	17	29N	8W	No	

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.
Date Spudded 2-19-73		Date Compl. Ready to Prod. 4-17-73		Total Depth 7545'			P.B.T.D. 7534'		
Elevations (DF, RKB, RT, GR, etc., 6394' GR - 6405' RKB		Name of Producing Formation Dakota		Top Oil/Gas Pay 7302'			Tubing Depth 7477' RKB		
Perforations 7302-06', 7311-19', 7461-72', 7498-7510', 7517-20', 7529-34'.							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
13-3/4"	9-5/8"		228' RKB		175 sacks				
8-3/4"	7"		3354' RKB		600 cu. ft.				
6-1/4"	4-1/2"		7545' RKB		600 cu. ft.				
	1-1/4"		7477' RKB						

(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)

OIL WELL			
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**

**9 1973**

**CON. COM.**

Actual Prod. Test-MCF/D 1622 AOF	Length of Test 3 hrs	Bbls. Condensate/MMCF -----	Gravity of Condensate -----
Testing Method (pilot, back pr.) One point back press.	Tubing Pressure (shut-in) 1788	Casing Pressure (shut-in) 2194	Choke Size 3/4"

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Engineer

5-7-73

OIL CONSERVATION COMMISSION

APPROVED MAY 9 1973, 19 73

BY Original Signed by A. R. Kendrick

TITLE PETROLEUM ENGINEER DIST. NO. 3

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