

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE & TIME	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

LIVELY ENERGY & DEVELOPMENT CORPORATION

Address  
777 S. Post Oak #222 Houston, Tx. 77056

Reason(s) for filing (Check proper box)

New Well  Change in Transporter of:  
 Recompletion  Oil  Dry Gas   
 Change in Ownership  Casinghead Gas  Condensate

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name <b>CONOCO</b>	Well No. <b>2</b>	Pool Name, including Formation <b>Chaveroo SA</b>	Kind of Lease State, Federal or Free <b>FEE</b>	Lease No.
Location Unit Letter <b>M</b> ; <b>660</b> Feet From The <b>S</b> Line and <b>660</b> Feet From The <b>W</b>	Line of Section <b>15</b>	Township <b>8S</b>	Range <b>33E</b>	County <b>Chaves</b>

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Mobil Oil Co. (Pipeline)</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 900, Dallas, Texas 75221</b>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Warren Petroleum Co.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 1589, Tulsa, Okla. 74102</b>
If well produces oil or liquids, give location of tanks. Unit <b>L</b> Sec. <b>15</b> Twp. <b>8S</b> Rge. <b>33E</b>	Is gas actually connected? <b>YES</b> When <b>7-15-82</b>

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Stimulate	Stiffen
Date Spudded	Date Compl. Ready to Prod.	Total Depth	Flow Rate					
Elevations (DF, RAB, KT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Casing Depth					
Perforations								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SPACING

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 48 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	Casing Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/AMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Gauge-in)	Casing Pressure (Gauge-in)	Casing 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.

(Signature)

Adm. Asst.

(Title)

9-2-82

(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 9 1982**  
ORIGINAL SIGNED BY  
BY **JERRY SEXTON**  
DISTRICT 1 SUPR.

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 allowables 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 Form O-104 must be filed for each pool in multiple completed wells.