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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND

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

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator **LIVELY EXPLORATION COMPANY**

Address **c/o Walsh Engineering & Production Corp.
P. O. Box 254, Farmington, N.M. 87401**

Reason(s) for filing (check proper box) Other (Please explain)

New Well Change in Transporter of:

Recompletion Oil Dry Gas

Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lively	Well No. 18-E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078622
Location				
Unit Letter D	410	Feet From The North	Line and 750	Feet From The West
Line of Section 1	Township 26N	Range 8W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 489, Bloomfield, N.M. 87413
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input 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, N.M. 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 1 26N 8W NO Unknown

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 Rest'v.	Diff. Rest'v.
		X	X					
Date Spudded 1/21/81	Date Compl. Ready to Prod. 3/14/81	Total Depth 6890'	P.B.T.D. 6847'					
Elevations (DF, RKB, RT, GR, etc.) 6232' DF	Name of Producing Formation Dakota	Top Oil/Gas Pay 6768'	Tubing Depth 6786'					
Perforations 6654'-6663'; 6722'-6726'; 6740'-6748'			Depth Casing Shoe 6752'-6754'; 6759'-6768'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8"	341'	250					
7-7/8"	4-1/2"	6891'	1580					
	2-3/8"	6705'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be shut-in 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
			APR 8 1981
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
			OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
QWT 2310; CAOF 2158	3 hrs.	-0-	-0-
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	2160	2130	Pitot Tube

VI. CERTIFICATE OF COMPLIANCE

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.

FOR: **LIVELY EXPLORATION COMPANY**

ORIGINAL SIGNED BY
EWELL N. WALSH

Ewell N. Walsh, P.E. (Signature) President
Walsh Engineering & Production Corp.

(Title)

4/8/81
(Date)

OIL CONSERVATION COMMISSION

APR 14 1981

APPROVED _____, 19____

BY **Original Signed by FRANK J. CHAVEZ**

SUPERVISOR DISTRICT # 3

TITLE _____

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.