

MOCC 1-Lively 1-Shryack 1-EPNG (Ulrich) 1-EPNG (Texas) 1-File

NEW MEXICO OIL CONSERVATION COMMISSION
 REQUEST FOR ALLOWABLE
 AND
 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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SANTA FE	1
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1 GAS 1
OPERATOR	1
PROCRATION OFFICE	

I. Operator
 Lively Exploration Company

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

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Dry Gas	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	Condensate	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>		

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lively	Well No. 5	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fed.	Lease No. SF 078201A
Location Unit Letter <u>P</u> ; <u>990</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>East</u>				
Line of Section <u>1</u> Township <u>29N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) 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"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks. Unit <u>P</u> Sec. <u>1</u> Twp. <u>29N</u> Rge. <u>9W</u>	Is gas actually connected? <u>No</u> When

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 1-12-73	Date Compl. Ready to Prod. 4-11-73	Total Depth 7564'	P.B.T.D. 7524'					
Elevations (DF, RKB, RT, GR, etc.) 6430' GR - 6442' RKB	Name of Producing Formation Dakota	Top Oil/Gas Pay 7342'	Tubing Depth 7470' RKB					
Perforations 7342-48', 7352-62', 7452-56', 7467-70', 7483-86', 7489-92', 7518-22'.								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	236' RKB	150 sacks
8-3/4"	7"	3353' RKB	600 cu. ft.
6-1/4"	4-1/2"	7550' RKB	600 cu. ft.
	1-1/4"	7470' 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
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.
GAS WELL	Length of Test	Bbls. Condensate/MMCF
Actual Prod. Test-MCF/D 1706 AOF	3 hrs	
	Tubing Pressure (shut-in)	Casing Pressure (shut-in)
		Choke Size 5/8"

