	5-NMOCC I-LIVERY I-ST	туаск і—	PNG (Ullrich)	1-EPNG (lexa	s) (— File	/		
				ONSERVATION COM FOR ALLOWABLE AND			Form C-104 Supercedes Old C-104 and C-116 Effective 1-1-65	
	U.S.G.S. LAND OFFICE TRANSPORTER CH. / GAS / OPERATOR /	NSPCRT OIL AND	NATURAL G	AS				
	PROPATION OFFICE							
:	P. O. Box 234, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Out Dry Gas Change in Ownership Casinghead Gas Condensate							
	change of ownership give name address of previous owner				. <u> </u>			
	ESCRIPTION OF WELL AND	LEASE	Pool Name, Including F	ormation	Kind of Lease		Lease No.	
	Lively	2	Basin Da		State, Federal	or Fee Fed.	NM 01386	
	Unit Letter E 1650 Feet From The North Line and 1140 Feet From The West							
	Line of Section 21 Tov	waship 28N	Range	8W , nmf	м,	San Juan	County	
_				~				
ſ	DESIGNATION OF TRANSPORT Name of Authorited Transporter of Oil Plateau, Inc.	Or Cor	or Dry Gas (X)	P. O. Box 108	, Farmingt	ed copy of this form is on, New Mexico	87401	
	Name of Authorized Transporter of Cas	1	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, New Mexico 87401					
+	El Paso Natural Gas Co	Unit Sec.	Twp. Rge.	Is gas actually conne		n		
L	give location of tanks.	E 21	28N 8W	Yes		4-30-73		
	this production is commingled with COMPLETION DATA	th that from any	other lease or pool,	give commingling ord	er number:			
י	Designate Type of Completion	on = (X)	l Well Gas Well	New Well Workove	Deepen	† †	srv. Diff. Resrv.	
	Date Spudded	Date Compl. Re		Total Depth 6740		P.B.T.D. 6692		
}	II-24-72 Elevations (DF, RKB, RT, GR, etc.)	2-4-73 Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		
	5762' GR - 5774' RKB	Dak		64481		6601 RKB Depth Casing Shoe		
	Perforations 6448-581, 6524-341, 6568-741, 6586-901, and 6602-081.							
		CEMENTING RECO		SACKS CEMENT				
-	HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		275 sacks		
L	8-3/4"	7"		2734 RKB		585 cu. ft.		
-	6-1/4"	4-1/2"		67321 RKB		600 cu. ft.		
-		1-1/4"		6601 RKB		and must be equal to as exceed too allow.		
	TEST DATA AND REQUEST FOR ALLOWABLE (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) OII. WELL OII. WELL Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas to		Chok SIRELLIVED		
	Length of Test	Tubing Pressure				ALRY 9 1079		
	Actual Prod. During Test	O11-Bb:s.		Water-Bbls.		Gas MCFMAT 3 19/3		
	GAS WELL					DIST	. 3	
ſ	Actual Prod. Test-MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
-	4129 AOF Testing Method (pitot, back pr.)	3 hrs Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
	One point back press.	2150		2182		3/4"		
VII.	CERTIFICATE OF COMPLIANCE			OIL	OIL CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given			APPROVED MAY 3 1973 19 Original Signed by Emery C. Arnold				
ì	above is true and complete to the best of my knowledge and belief.			BY				
				TITLE SUPERVISOR DIST. #3				

Original signed by T. A. Dugan

Engineer

4-30-73

(Signoture)

(Title)

(Dace)

od (Flow, pump, gas lift, etc.) VCF AY -3 1973 OIL CON. COM. DIST. 3 ate/MMCF Gravity of C o (Shut-in) Choke Size 3/4" 82 OIL CONSERVATION COMMISSION MAY 3 1973 _ 19 ginal Signed by Emery C. Arnold SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepenewell, 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