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

OIL CONSERVATION DIVISION

Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Lively Exploration Company	
Address 1010 First City National Bank Bldg., Houston, Texas 77002	
Reason(s) for filing (Check proper box)	
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"/>
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. 10-E	Pool Name, Including Formation Basin Dakota	Kind of Lease Federal	Lease No. SE 1078 414A
Location				
Unit Letter M	: 1060	Feet From The South	Line and 850	Feet From The East
Line of Section 17	Township 29N	Range 8W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input 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 489, Bloomfield, N.M. 87410	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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, N.M. 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	No	Unknown

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

V. 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 8/17/81	Date Compl. Ready to Prod. 11/20/81	Total Depth 7553'	P.B.T.D. 7553' 7530					
Elevations (DF, RKB, RT, GR, etc.) 6422' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 7351'	Tubing Depth 7355'					
Perforations 7512-7524, 7452-7455, 7351-7367			Depth Casing Shoe 7455'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-1/2"	9-5/8"	267'	250 sacks
6-1/4"	4-1/2"	7495'	400 sacks
8-3/4"	7"	3500'	500 sacks
	1-1/2"	7355'	

VI. 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.
		Choke Size MAR 11 1982 Gas-MCF OIL 501.000 Bbls 3

GAS WELL

Actual Prod. Test-MCF/D COAF-1857	Length of Test 3 hrs.	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1974	Casing Pressure (shut-in) 1979	Choke Size 2" x 3/4" pos.

I. 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.

FOR: LIVELY EXPLORATION COMPANY

Bennie Lee Reed (Signature)
Executive Vice President

(Title)

1/18/82

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 11 1982, 19

BY Original Signed by CHARLES GHOLSON

TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3

This form is to be filed in compliance with RULE 110a.

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