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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

I.

Operator Lively Exploration Company		
Address Box 234, Farmington, New Mexico 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Dual Completion (Existing Dakota well
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	dually completed in Dakota and Lewis
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Sand.) <i>Chacra</i>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name Lively	Well No. 7-Y	Pool Name, Including Formation Wildcat <i>Chacra</i>	Kind of Lease State, Federal or Fee Federal	Lease No. SF 078385A
Location Unit Letter <u>E</u> ; <u>1850</u> Feet From The <u>North</u> Line and <u>1140</u> Feet From The <u>West</u> Line of Section <u>35</u> Township <u>30N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.	Box 108, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	Box 990, Farmington, New Mexico 87401	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 35
	Twp. 30N	Rge. 8W
	Is gas actually connected? 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 Restv.	Diff. Restv.
		X	X (Dual)					
Date Spudded	Date Compl. Ready to Prod. 4-20-74		Total Depth 7444'		P.B.T.D. 7441'			
Elevations (DF, RKB, RT, GR, etc.) 6105' RKB	Name of Producing Formation <i>Chacra Lewis Sand</i>		Top Oil/Gas Pay 3685'		Tubing Depth 7371'			
Perforations 3685-3700'				Depth Casing Shoe				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13-3/4"	9-5/8"		267' RKB		200 sx			
8-3/4"	7"		3150' RKB		820 cu ft			
6-1/4"	4-1/2"		7444' RKB		640 cu ft			

## 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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

## GAS WELL

Actual Prod. Test-MCF/D 4545 AOF	Length of Test 3 hrs	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pitot, back pr.) One point back pressure	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 748	Choke Size 5/8"

## 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.

*[Signature]*  
\_\_\_\_\_  
(Signature)  
Engineer  
\_\_\_\_\_  
(Title)  
5-1-74  
\_\_\_\_\_  
(Date)

## OIL CONSERVATION COMMISSION

APPROVED MAY 30 1974, 19\_\_\_\_

BY Original Signed by Emery C. Arnold

TITLE Supervisor District 3

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.