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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Lively Exploration Company
Address
1300 Post Oak Blvd. #1900, Houston, Texas 77056

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lessee Name Lively Com	Well No. 14	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State	Lease No. E1193-3
Location Unit Letter <u>K</u> ; <u>2210</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> Line of Section <u>36</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"/> Gary Energy Corporation	Address (Give address to which approved copy of this form is to be sent) Post Office Box 159, Bloomfield, NM 87413					
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) Post Office Box 1492, El Paso, Tex. 79978					
If well produces oil or liquids, give location of tanks.	Unit K	Sec. 36	Twp. 30N	Rge. 8W	Is gas actually connected? Yes	When 12/73

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						
Date Spudded 10/7/73	Date Compl. Ready to Prod. 12/8/73		Total Depth 7400'		P.B.T.D. 7357'			
Elevations (DF, RKB, RT, GR, etc.) 6040' GR - 6052' RKB	Name of Producing Formation Dakota		Top Oil/Gas Pay 7154'		Tubing Depth 7298'			
Perforations 7322-26', 7315-18', 7302-06', 7298-7300', 7291-94', 7262-72', 7154-68', (2 jets/ft.)					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		262' RKB		200 sacks			
8 3/4"	7"		3106' RKB		600 cu. ft.			
6 1/4"	4 1/2"		7400' RKB		875 cu. ft. (1st stage)			
	1 1/4"		7298' RKB		385 cu. ft. (2nd stage)			

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)

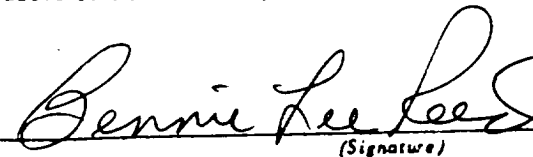
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

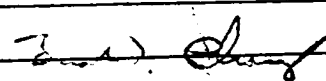
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

VI. 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.


(Signature)
Executive Vice President
(Title)
10 October 1989
(Date)

OIL CONSERVATION DIVISION
OCT 16 1989

APPROVED _____, 19____
BY 
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.