

DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS.

I. OPERATOR

Operator
Lively Energy & Development Corp.

Address
777 South Post Oak Rd., Suite 222 Houston, Texas 77056

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)	
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"/>

3/1/82

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Conoco	Well No. 2	Pool Name, including Formation Undesig, Chaveroo, SA	Kind of Lease State, Federal or Fee Fee	Lease No.
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Location

Unit Letter M : 660 Feet From The S Line and 660 Feet From The W

Line of Section 15 Township 8S Range 33E , NMPM, Chaves Count

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Mobil Oil Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 900 Dallas, TX 75221
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	L	15	8S	33E	No	

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'
	X		X					

Date Spudded 9-27-81	Date Compl. Ready to Prod. 11-09-81	Total Depth 4531'	P.B.T.D. 4488'
Elevations (DF, RKB, RT, GR, etc.) KB 4395', GL 4383'	Name of Producing Formation San Andres	Top Oil/Gas Pay 4275'	Tubing Depth 4383'
Perforations 4308-4390'			Depth Casing Shoe 4530'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" csg	1825'	795
7-7/8"	4-1/2" csg	4530'	400
	2-3/8" tbg	4383'	

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 all able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 11-25-81	Date of Test 12-1-81	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs	Tubing Pressure 20#	Casing Pressure 20#	Choke Size NA
Actual Prod. During Test 64 bbls	Oil - Bbls. 64 bbls	Water - Bbls. 68 bbls	Gas - MCF 0

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	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.

Bruce D. Shively
(Signature)

President
(Title)

12-1-81
(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviat tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all able on new and completed wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number; or transporter, or other such change of conditi

Separate Form C-104 must be filed for each pool in multi-completed wells.