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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

I. Operator
LIVELY ENERGY & DEVELOPMENT CORP.
Address
777 S. Post Oak Rd., Suite 222, Houston, Tx. 77056
Reason(s) for filing (Check proper box)
New Well Change in Transporter of:
Recompletion Oil Dry Gas
Change in Ownership Casinghead Gas Condensate Other (Please explain)
New Sales of Casinghead gas
If change of ownership give name and address of previous owner _____

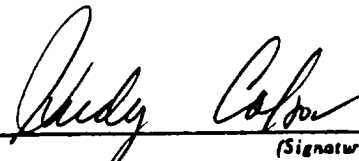
II. DESCRIPTION OF WELL AND LEASE
Lease Name **CONOCO** Well No. **3** Pool Name, including Formation **Chaveroo SA** Kind of Lease **FEE** Lease No. _____
Location
Unit Letter **N**; **1650** Feet From The **West** Line and **660** Feet From The **South**
Line of Section **15** Township **8S** Range **33E**, NMPM, **Chaves** County

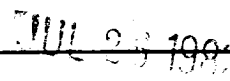
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate
Conco, Inc. Surface Trans. Address (Give address to which approved copy of this form is to be sent)
7408 Andrews Hwy. Odessa, Tx. 79767
Name of Authorized Transporter of Casinghead Gas or Dry Gas
Warren Petroleum Co. Address (Give address to which approved copy of this form is to be sent)
P.O. Box 1589 Tulsa, Ok. 74102
If well produces oil or liquids, give location of tanks. Unit **L** Sec. **15** Twp. **8S** Rge. **33E** Is gas actually connected? **YES** When **July 15, 1982**

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give commingling order number: _____
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res.
Date Spudded _____ Date Compl. Ready to Prod. _____ Total Depth _____ P.B.T.D. _____
Elevations (DF, RKB, RT, GR, etc.) _____ Name of Producing Formation _____ Top Oil/Gas Pay _____ Tubing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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 **66** Length of Test **24 hr.** Bbls. Condensate/MMCF **73** Gravity of Condensate **26°**
Testing Method (spits, back pr.) **back pr.** Tubing Pressure (shot-in) **20#** Casing Pressure (shot-in) **n/a** Choke Size **n/a**

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.

Adm. Assistant (Title)
July 20, 1982 (Date)

OIL CONSERVATION DIVISION
APPROVED  19_____
BY **Orig. Signed by Les Clements**
TITLE **Oil & Gas Insp.**
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 deviate 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 name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiple completed wells.