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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator  
**LIVELY ENERGY AND DEVELOPMENT CORP.**

Address  
**777 S. 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"/>	<b>CASINGHEAD GAS MUST NOT BE</b>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	<b>PLAINED AFTER 6/15/82</b>
		Dry Gas	<input type="checkbox"/>	<b>UNLESS AN EXCEPTION TO R-4070</b>
		Condensate	<input type="checkbox"/>	<b>IS OBTAINED.</b>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>CONOCO</b>	Well No. <b>3</b>	Pool Name, including Formation <b>Unders. Chaveroo SA, San Andres</b>	Kind of Lease State, Federal or Fee <b>Fee</b>	Lease No.
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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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Conoco, Inc. (SURFACE TRANSPORTATION)</b>	Address (Give address to which approved copy of this form is to be sent) <b>7408 Andrews Hwy. Odessa, Texas 79767</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>N/A</b>	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 <b>L</b>	Sec. <b>15</b>	Twp. <b>8S</b>	Rge. <b>33E</b>	Is gas actually connected?	When
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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 <input checked="" type="checkbox"/>	Gas Well	New Well <input checked="" type="checkbox"/>	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res
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Date Spudded <b>Feb. 13, 1982</b>	Date Compl. Ready to Prod. <b>March 17, 1982</b>	Total Depth <b>4500'</b>	P.B.T.D. <b>4423'</b>
Elevations (DF, RKB, RT, CR, etc.) <b>KB- 4385' GL-4372'</b>	Name of Producing Formation <b>San Andres</b>	Top Oil/Gas Pay <b>4384'</b>	Tubing Depth <b>4383'</b>
Perforations <b>4384', 4390', 4400', 4402', 4405'</b>			Depth Casing Shoe <b>4456'</b>

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>11"</b>	<b>8-5/8"</b>	<b>1900'</b>	<b>795</b>
<b>7-7/8"</b>	<b>4 1/2"</b>	<b>4442'</b>	<b>500</b>

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)

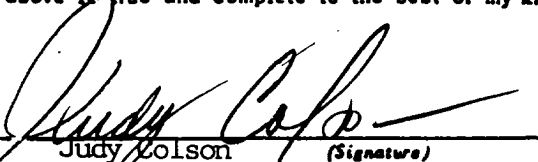
Date First New Oil Run To Tanks <b>March 18, 1982</b>	Date of Test <b>March 23, 1982</b>	Producing Method (Flow, pump, gas lift, etc.) <b>Pumping</b>	
Length of Test <b>24 hrs.</b>	Tubing Pressure <b>20#</b>	Casing Pressure <b>20#</b>	Choke Size <b>n/a</b>
Actual Prod. During Test <b>96 bbls.</b>	Oil-Bbls. <b>96 bbls.</b>	Water-Bbls. <b>30 bbls.</b>	Gas-MCF <b>-0-</b>

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.

  
**Judy Colson** (Signature)  
Adm. Assistant

\_\_\_\_\_  
(Title)

**April 1, 1982**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **MAY 11 1982**, 19  
ORIGINAL SIGNED BY  
BY **JERRY SEXTON**  
TITLE **DISTRICT 1 SUPP.**

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 deviated 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 multiple completed wells.