

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

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

Operator T.J. Sivley	
Address P.O. Drawer GG Artesia, New Mexico 88210	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Silver Federal	Well No. 1	Pool Name, Including Formation Lynch-Yates-Seven Rivers	Kind of Lease State, Federal or Fee Federal	Lease No. MN-039256
Location Unit Letter <u>J</u> ; <u>1980</u> Feet From The <u>South</u> Line and <u>1980'</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>20-South</u> Range <u>34 East</u> , NMPM, <u>Lea County</u> 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"/> (T&NM) Charter International Oil Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 5008, Houston, Texas 77012					
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 J	Sec. 28	Twp. 20S	Rge. 34E	Is gas actually connected? No - TSTM	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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Res'v.
	X			X		3689'	Yes	
Date Spudded 11/17/58	Date Compl. Ready to Prod. 3/4/78		Total Depth 3719'		P.B.T.D. 3689'			
Elevations (DF, RKB, RT, GR, etc.) 3713 GL	Name of Producing Formation Yates Sand		Top Oil/Gas Pay 3590'		Tubing Depth 3665'			
Perforations Open Hole - 3584' - 3689'				Depth Casing Shoe 3684'				
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
11"	8-5/8" 24#		1675'		Circulated to Surface			
8"	5-1/2" 14#		3684'		Circulated to Surface			
	2-3/8" OD 4.70#		3665'					

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)

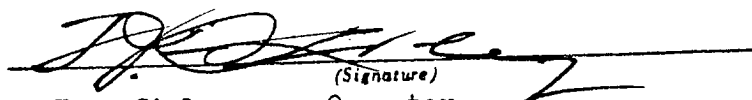
Date First New Oil Run To Tanks 3/4/78	Date of Test 4/12/78	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hrs	Tubing Pressure 0	Casing Pressure 0	Choke Size Open
Actual Prod. During Test 5	Oil - Bbls. 5	Water - Bbls. 0	Gas - MCF TSTM

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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 Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
T.J. Sivley Operator
(Title)
6/16/78
(Date)

OIL CONSERVATION COMMISSION
APPROVED JUN 21 1978, 19_____
BY _____ Origin Signed by
Jerry Sexton
TITLE _____ Dist. J. Supv.

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.