

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Thomas R. Sivley		Well API No. 30-025-31441
Address 6509 Wilton Drive, Fort Worth, TX 76133		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Silver Federal	Well No. 2	Pool Name, Including Formation Lynch, Yates, Seven Rivers	Kind of Lease State, Federal or Fee	Lease No. NM-039256
Location				
Unit Letter J	1600'	Feet From The East	Line and 1500'	Feet From The South
Section 28	Township 20S	Range 34E	NMPM,	Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Navajo Refining Co. <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 159, Artesia, New Mexico 88211-0159					
Name of Authorized Transporter of Casinghead Gas GPM Gas Corp. <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1625 West Marlin, Hobbs, New Mexico 88240					
If well produces oil or liquids, give location of tanks.	Unit K	Sec 28	Twp 20S	Rge. 34E	Is gas actually connected? NO	When? Within 30 days if enough to
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 X	Gas Well	New Well	Workover X	Deepen	Plug Back X	Same Res'v	Diff Res'v X
Date Spudded Nov. 11, 1991	Date Compl. Ready to Prod. Aug. 29, 1993		Total Depth 3703'		P.B.T.D. 3646'			
Elevations (DF, RKB, RT, GR, etc.) 3714.3	Name of Producing Formation Yates, Yates A		Top Oil/Gas Pay 40 bbls./day		Tubing Depth 3614'			
Perforations See; NEUTRON LOG WITH PERFORATIONS MARKS					Depth Casing Shoe 3665' Retainer Set; 3652'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12.25"	8-5/8" #24 J55		1680'		800 Sacks			
8.00"	5-1/2" #14 J55		3664'		725 Sacks			
	5-1/2" #14 J55		Plugged; 3646' (see; Plug back Diagram)		200 lbs hydromite/50 sa Cemen			

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 Tank Aug. 29, 1993	Date of Test Aug. 30 thru Sept. 2, 93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test Four Days/24 hrs	Tubing Pressure 16 Lbs psi	Casing Pressure Too Small to measure	Choke Size NONE
Actual Prod. During Test 160 bbls.	Oil - Bbls. 40 bbls/day	Water - Bbls. -0-	Gas - MCF Not measurable at this time

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. OPERATOR 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: Thomas R. Sivley Operator

Printed Name: Sept. 2, 1993 Title: (817) 292-3283

Date: Telephone No.

OIL CONSERVATION DIVISION

SEP 08 1993

Date Approved

By: Orig. Signed by Paul Kautz Geologist

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 07 1993

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