

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)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<input checked="" type="checkbox"/> Other (Please explain) Drilled into Seven Rivers Reef: 1-27-93 Drilled From: 3685-3703 (18 Feet) Reef Appeared @: 3698 Feet.
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <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 Line				
Section 28 Township 20S Range 34E, NMPM, Lea 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"/> Navajo Refining Co.	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <del>Phillips</del> GPM Gas Corporation	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? When ? 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 <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deepen <input checked="" type="checkbox"/>	Plug Back	Same Res'v	Diff Res'v
Date Spudded Nov. 11, 1991	Date Compl. Ready to Prod. 1-27-93		Total Depth 3703		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) 3714.3'	Name of Producing Formation Yates "c", Seven Rivers		Top Oil/Gas Pay 14 Bbls/Day		Tubing Depth 3687'			
Perforations Open Hole 3664'- 3703'	Reef				Depth Casing Shoe 3685'			

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
4.75"	2-3/8" Tubing	3687'	-N--

**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 Jan. 27, 1993	Date of Test Jan. 30 thru Feb. 1, 93	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test Three Days/24 hrs	Tubing Pressure 0.0 PSI at Surface	Casing Pressure 0.0 PSI at Surface	Choke Size No Choke
Actual Prod. During Test 329 Bbls	Oil - Bbls. 2.25 Bbls/day	Water - Bbls. 107 Bbls/day	Gas - MCF To Small To Measure

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCMCF	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 Thomas R. Sivley Title  
Date Feb. 3, 1993 Telephone No. (817)292-3283

**OIL CONSERVATION DIVISION**

Date Approved FEB 08 1993

By ORIGINAL SIGNED BY JERRY SEATON  
DISTRICT SUPERVISOR

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.