

## OIL CONSERVATION DIVISION

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

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Thomas Ray Sivley	Well API No. 30-025-31441
Address 6509 Wilton Ave. Fort Worth, Texas 76133	
Reason(s) for Filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Other (Please explain) <input checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Frac on "Yates C Zone" Complete. Plan to produce out of zone for undetermined period of time. Drill Into Reef at a later date.
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, Seven Rivers, Yates	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/	<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 88211-015				
Name of Authorized Transporter of Casinghead Gas Phillips	<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? (Pressure To Small To Measure)

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 <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v <input type="checkbox"/>	Diff Res'v <input type="checkbox"/>
Date Spudded Nov. 11, 91	Date Compl. Ready to Prod. 1-31-92 (See Notation)		Total Depth 3684'	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3714.3'	Name of Producing Formation "Yates C"		Top Oil Gas Pay 30 Bbls/day	Tubing Depth 3630'				
Perforations NONE/Open Hole	3664 - 3684		Depth Casing Shoe 3665'					
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			
	2-3/8" Tubing		3630'		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 Feb. 4, 1992	Date of Test Feb. 1-3, 1992	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test Three days/24 hr	Tubing Pressure 0.0 PSI at Surface	Casing Pressure 0.0 PSI at Surface	Choke Size No Choke
Actual Prod. During Test 89.5 Bbls	Oil - Bbls. 74.5 Bbls./24 hr	Water - Bbls. 15 Bbls/5	Gas - MCF Too Small To Measure

### 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 Ray Sivley  
Printed Name Thomas Ray Sivley Operator  
Date Feb. 5, 1992 Title  
(817)-292-3283 Telephone No.

### OIL CONSERVATION DIVISION

FEB 10 '92

Date Approved

By

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.