

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

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

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) <input checked="" type="checkbox"/> Other (Please explain) <i>576 bbls Dec 1991</i>		
New Well <input checked="" type="checkbox"/>	Well Not Complete: Test Allowable	
Recompletion <input type="checkbox"/>	and Authorization to transport Oil.	
Change in Operator <input type="checkbox"/>	Testing Yates "C" Zone before FRAC.	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <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, Seven Rivers, Yates	Kind of Lease State, Federal or Fee	Lease No. NM-039256
Location Unit Letter <u>J</u> : <u>1600'</u> Feet From The <u>East</u> Line and <u>1500'</u> Feet From The <u>South</u> Line Section <u>28</u> Township <u>20S</u> Range <u>34E</u> , 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 Ref.	Address (Give address to which approved copy of this form is to be sent) P.O. Drawer 159, Artesia, NM 88211-0159					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips	Address (Give address to which approved copy of this form is to be sent) 1625 West Marlin, Hobbs, NM 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? 30 Days
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'v	Diff Res'v
Date Spudded Nov. 11, 1991	Date Compl. Ready to Prod. Not Complete/TEST		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 Unknown/TEST		Tubing Depth 3630'			
Perforations NONE/ Open Hole					Depth Casing Shoe 3665'			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12.25"	CASING & TUBING SIZE 8-5/8" #24 J55		DEPTH SET 1680'		SACKS CEMENT 800 Sacks			
8 "	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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MtMCF	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.

Thomas Ray Sivley
Signature
THOMAS RAY SIVLEY OPERATOR
Printed Name
Dec. 18, 1991 (817)292-3283
Date Telephone No.

OIL CONSERVATION DIVISION

DEC 23 1991
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.