

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator

CURRY RESOURCES

Address
P.O. BOX 5596, Midland, Texas 79704

Reason(s) for filing (Check proper box)

New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

Other (Please explain)
**UNDESIRABLE GAS MUST NOT BE
 PLACED ABOVE 1111 82
 UNLESS AN EXCEPTION TO R-4070
 IS OBTAINED.**

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

THIS WELL HAS BEEN PLACED IN THE POOL DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS OFFICE.

2. DESCRIPTION OF WELL AND LEASE

Lease Name SEDCO STATE 21 State	Well No. 1	Pool Name, including Formation W ANTELOPE RIDGE (BONE SPRINGS)	Kind of Lease STATE	Lease No. V-244
Location Unit Letter B 9 ; 1980 Feet From The EAST Line and 1750 Feet From The NORTH				
Line of Section 21 Township 23S Range 34E , NMPM, LEA County				

3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> LANTERN PETROLEUM	Address (Give address to which approved copy of this form is to be sent) 300 N. Marienfeld, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS CO OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) PO Box 26400, Albuquerque, New Mexico 87125
If well produces oil or liquids, give location of tanks. Unit C Sec. 21 Twp. 23 Rge. 34	Is gas actually connected? NO When _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

4. 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 SEPT 21, 1984	Date Compl. Ready to Prod. 8-1-85	Total Depth 14,000'	P.B.T.D. 11,875'					
Elevations (DF, RKB, RT, GR, etc.) 3486 GL	Name of Producing Formation BONE SPRINGS	Top Oil/Gas Pay 8660' (Bone Springs)	Tubing Depth 10,280'					
Perforations 10,294-10,210' (27 shots) 9925-9865' (17 shots) 8783-8660' (29 shots)			Depth Casing Shoe 12,000'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
26"	20", 94#, J-55, ST&C		621'		1050 (Circ)			
17 1/2"	13 5/8", 72#/ft, J-55		5110		3950 + 1200 Sx (Circ)			
12 1/4"	9 5/8", 43# & 47#, S-95		12000'		2900 + 1060 (Circ)			
2 7/8" OD Tbg set @ 10,280' with Anchor.								

5. TEST DATA AND REQUEST FOR ALLOWABLE (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)

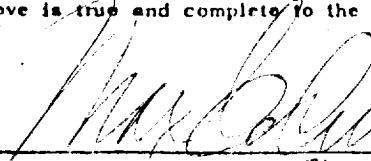
Date First New Oil Run To Tanks APRIL 29, 1985	Date of Test AUGUST 1, 1985	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hours	Tubing Pressure 50	Casing Pressure Atm.	Choke Size ---
Actual Prod. During Test 38 BO	Oil-Bbls. 38	Water-Bbls. 2 1/2 Bbls Emulsion	Gas-MCF TSTM

6. GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

MAX E. CURRY, OWNER
(Title)

8/2/85 **915/682-4096**
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 10 1985**, 19____

BY **Eddie W. Spoy**

TITLE **Oil & Gas**

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.

RECEIVED

AUG 14 1985

C. P. B.
NORRIS