

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICE		

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Riata Oil and Gas Company, Inc.		
Address 1600 One Main Place, Dallas, Tx. 75250		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner J. C. Williamson, P. O. Box 16, Midland, Tx. 79702

II. DESCRIPTION OF WELL AND LEASE

Lease Name Curry Federal	Well No. 1	Pool Name, including Formation <del>Atoka</del> - Strawn	Kind of Lease State, Federal or Fee Fed.	Lease No. NM-29-552659-A
Location				
Unit Letter <u>A</u> : <u>660</u> Feet From The <u>east</u> Line and <u>1980</u> Feet From The <u>south</u>				
Line of Section <u>22</u> Township <u>23S</u> Range <u>34E</u> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <u>XXX</u> Pride Oil	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, Tx. 79604			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <u>XXXX</u> Gas Company of New Mexico	Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM. 87125			
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 22	Twp. 23S	Rge. 34E
	Is gas actually connected?		When	
	yes		2/27/1981	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

J. C. Williamson  
(Signature)  
3/9/87  
(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 18 1987, 19\_\_\_\_\_  
BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

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.