

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1.	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)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner: Curry Resources, P.O. Box 5596, Midland, Tx. 79704	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Curry State	Well No. 1	Pool Name, including Formation W. Antelope Ridge (Bone Springs)	Kind of Lease State, Federal or Fee State	Lease No. L-4804
Location Unit Letter <u>A</u> : <u>660</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>east</u>				
Line of Section <u>22</u> Township <u>23S</u> Range <u>34E</u> NMPM, <u>Lea</u> 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"/> Lantern Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281, Midland, Tx. 79702	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> 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 <u>A</u>	Sec. <u>22</u>
	Twp. <u>23S</u>	Rge. <u>34E</u>
	Is gas actually connected? <u>no</u> When <u>T.S.T.M.</u>	

If this production is commingled with that from any other lease or pool, give commingling order number: 4

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input 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 <u>7/16/80</u>	Date Compl. Ready to Prod. <u>6/3/81</u>	Total Depth <u>13,205'</u>	P.B.T.D. <u>9270'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>3420 KV</u>	Name of Producing Formation <u>Bone Springs</u>	Top Oil/Gas Pay <u>9190'</u>	Tubing Depth <u>9270'</u>					
Perforations <u>(10,630-10690', 9991'-10,047' plugged off) 9165-9103', 9218-9191'</u>			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
(FORMERLY ESTORIL PRODUCING CORP. CURRY STATE #1)								

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 Tanks	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/MMCF	Gravity of Condensate
Testing Method (prior, 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.



agent for Riata Oil and Gas Company

(Title)

1-21-87

(Date)

OIL CONSERVATION DIVISION

APPROVED JAN 27 1987, 19BY ORIGINAL SIGNED BY JERRY SEXTONTITLE DISTRICT 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 Form C-104 must be filed for each pool in multiple-completed wells.

RECEIVED
JAN 26 1987
HOBBS OFFICE