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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

Operator CURRY RESOURCES	
Address PO Box 5596, Midland, Texas 79704	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner Estoril Producing Corporation, 1600 Independence Plaza, Midland, Tx 79701

II. DESCRIPTION OF WELL AND LEASE		Sheet Antelope Ridge Bone Spring 7-1-85 R7959	
Lease Name CURRY STATE	Well No. 1	Pool Name, Including Formation <del>INDEXED</del> Antelope Ridge (BS)	Kind of Lease State, Federal or Fee State
Location Unit Letter "A" : 660 Feet From The N Line and 660 Feet From The E		Lease No. L-4804	
Line of Section 22 Township 23S Range 34E, 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"/> LANTERN PETROLEUM CORPORATION	Address (Give address to which approved copy of this form is to be sent) PO Box 2281, Midland, Texas 79702		
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> CAS COMPANY 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	Sec.	Twp. Rge.
			Is gas actually connected? When

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 type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input checked="" type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input checked="" type="checkbox"/>		
Date Spudded 7-16-80	Date Compl. Ready to Prod. 12-30-84	Total Depth 13,205	P.B.T.D. 11,462
Elevations (DF, RKB, RT, GR, etc.) 3401 GL 3420 KB	Name of Producing Formation Bone Springs	Top Oil/Gas Pay 8523	Tubing Depth 10,692
Perforations (BS) 9995-10,000; 10,630-10,690; 9901-9732; 9218-9107		Depth Casing Shoe 13,098	
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	600	500
12 1/4"	10 3/4"	5100	1200
9 5/8"	7 5/8" (Liner)	4900-11,900	1400
6 1/2"	5 1/2" (Liner)	11,700-13,500	200

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 12-30-84	Date of Test 12-30-84	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 8 hrs	Tubing Pressure --	Casing Pressure 175 psi	Choke Size --
Actual Prod. During Test 38 Bbls	Oil-Bbls. 38 Bbls	Water-Bbls. None	Gas-MCF TSTM

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

VI. CERTIFICATE OF COMPLIANCE	
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.	
	
MAX E. CURRY	(Signature)
OWNER	(Title)
April 12, 1985	(Date)

OIL CONSERVATION COMMISSION	
APPROVED APR 24 1985, 19	
ORIGINAL SIGNED BY JERRY DEXTON	
BY DISTRICT SUPERVISOR	
TITLE	
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.	

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APR 17 1985

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