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OPERATOR	

5A. Indicate Type of Lease
STATE ☒ FEE ☐
5. State Oil & Gas Lease No.
L-4804

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. Type of Work
b. Type of Well
OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
CURRY RESOURCES
3. Address of Operator
P.O. Box 5596, Midland, Texas, 79704
4. Location of Well
UNIT LETTER A LOCATED 660 FEET FROM THE EAST LINE
AND 660 FEET FROM THE NORTH LINE OF SEC. 22 TWP. 23S RGE. 34E NMPM

7. Unit Agreement Name
8. Farm or Lease Name
CURRY STATE
9. Well No.
1
10. Field and Pool, or Wildcat
Undesignated*
12. County
LEA

11. Elevations (show whether DE, RT, etc.)
3401 GR
19. Proposed Depth
PB to 11,438'
19A. Formation
Bone Springs
20. Rotary or C.T.
PBW Pulling Unit
21. Kind & Status Plug. Bond
Blanket
21B. Drilling Contractor
Permian Well Servicing
22. Approx. Date Work will start
Immediate

PROPOSED CASING AND CEMENT PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
<u>20 1/2"</u>	<u>16"</u>	<u>65# H-40</u>	<u>603'</u>	<u>592</u>	<u>Cris</u>
<u>12 1/4"</u>	<u>10 3/4"</u>	<u>55.5# 51" N-80</u>	<u>5705'</u>	<u>3725</u>	<u>Cris</u>
<u>9 5/8"</u>	<u>7 7/8" (Linear)</u>	<u>33.7# 3 3/4" N-80</u>	<u>0-11,732'</u>	<u>2497</u>	<u>Cris to Surf.</u>
<u>6 1/2"</u>	<u>5" (Linear)</u>	<u>18# N-80</u>	<u>11,490'-13,098'</u>	<u>200</u>	<u>Cris to Linear Top</u>

27 7/8" OD to g.
(See original C-102 attached)
Note: This well has been plugged as per ACD rules to current PBTD @ 11,438' by last operator.

Proposal: To recomplete well in the Bone Springs formation as follows:

Log Well - GR-N
Perforate Bone Springs at several intervals and acidize to recover oil. Proposed Perfs: 10,800-10,700'; 9950-10100'; 9650-9750
Put on Pump to produce.
* Requested Name "Antelope Ridge (Bone Springs) Field, See C-123 dated 12-10-84 on Curry State Resources, Pecos State, Well N-21 9-23
N ABOVE SPACE DESCRIBE PROPOSED PROGRAM IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTION ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

hereby certify that the information above is true and complete to the best of my knowledge and belief.
Signed [Signature] Title OWNER Date 12-28-84
(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
APPROVED BY DISTRICT 1 SUPERVISOR TITLE DATE JAN - 2 1985
CONDITIONS OF APPROVAL, IF ANY:

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All di		Lease		CURRY STATE		Well No. 1	
ESTORIL PRODUCING CORPORATION		Range 34 E		County LEA			
Section 22		Township 23 S					
Footage Location of Well:		660 feet from the NORTH line and		660 feet from the EAST line		Dedicated Acreage:	
660						230 40	
Producing Formation		Pool		Undesignated		Acres	
STRAWN		ANTELOPE RIDGE (STRAWN)					
Level Elev. 400.8							

Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.

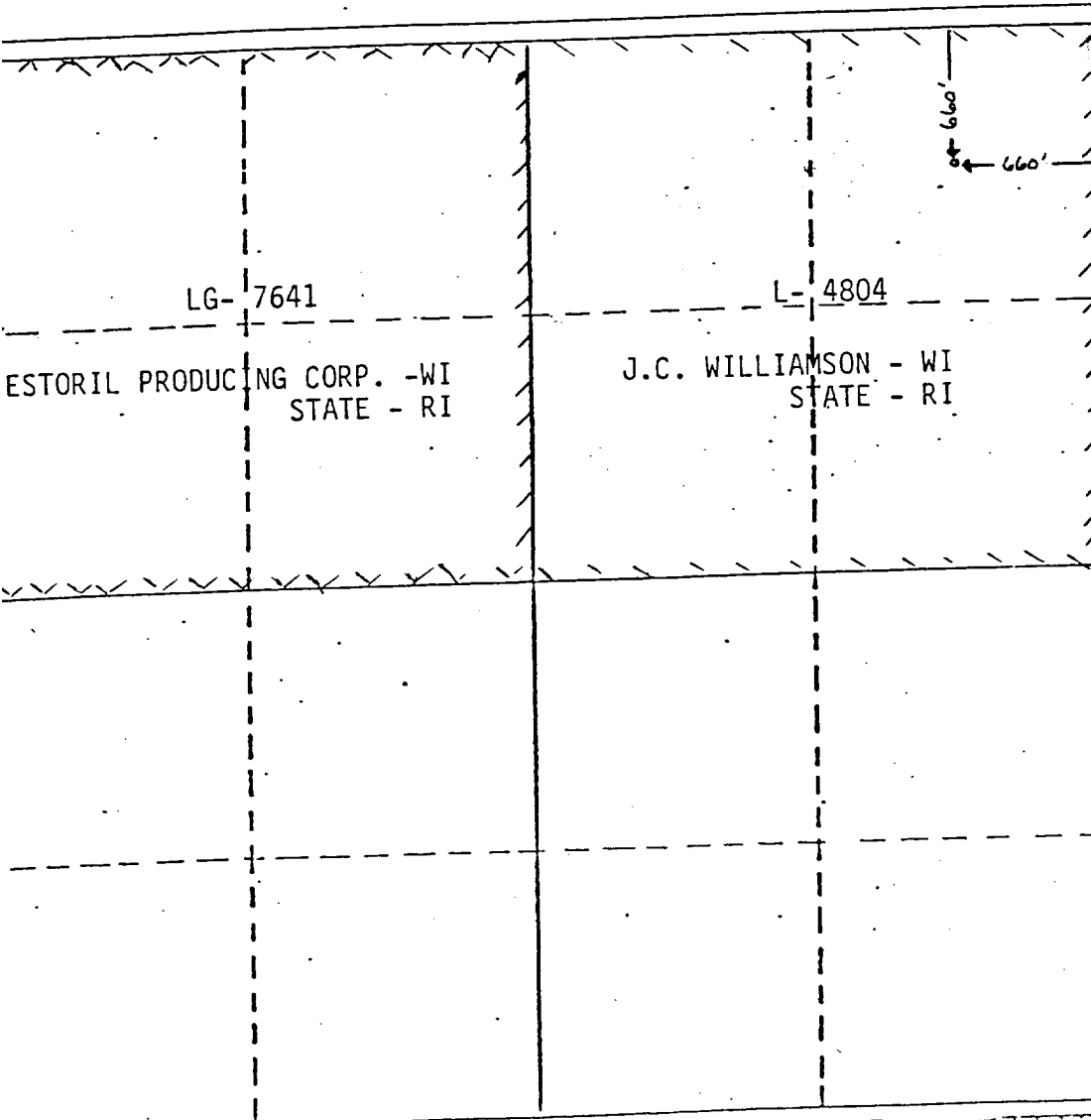
If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to work interest and royalty).

If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation WILL BE COMMUNITIZED

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.)

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, force-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Daniel T. Miller

Name

DANIEL T. MILLER

Position

AGENT FOR

Company

ESTORIL PROD. CORP.

Date

06-04-81

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed

MAY 7, 1980

Registered Professional Engineer
and/or Land Surveyor

Signed by John West

Certificate No.

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STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	GAS
OPERATOR	
PRORATION OFFICE	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. 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) To recomplete as Bone Springs Oil

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>CURRY STATE</u>	Well No. <u>1</u>	Pool Name, Including Formation <u>Undesignated</u>	Kind of Lease State, Federal or Fee <u>STATE</u>	Lease No. <u>14804</u>
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"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>Bartlesville Oklahoma</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box Albuquerque N.M.</u>	
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	

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.

Mac C. Curry
(Signature)
OWNER
(Title)
12-15-84
(Date)

OIL CONSERVATION DIVISION

APPROVED JAN - 2 1985, 19 _____

BY ORIGINAL SIGNED BY JERRY SEXTON
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.

800-1-1111

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