

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL <input type="checkbox"/> GAS
OPERATOR	
PROMOTION 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)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

Other ☐ CASINGHEAD GAS MUST NOT BE
FLARED AFTER 11/1/85
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

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

3-1-85

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pronghorn State Well No. 1 Pool Name, including Formation Northwest antelope Ridge Bone Spring R-7842
Undesignated Midcat Kind of Lease State, Federal or Fee Lease No. State LG-189

Location

Unit Letter J : 1980 Feet From The South Line and 1980 Feet From The East

Line of Section 9 Township 23S Range 34E , NMPM, Lee 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>Barlesville Oklahoma</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Adobe O & G Gasoline Plant</u>	Address (Give address to which approved copy of this form is to be sent) <u>11th floor Western United Life Bldg, Midland Texas 79701</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
<u>J</u> <u>9</u> <u>23S</u> <u>34E</u>	<u>no</u>

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.

Max E. Curry
(Signature)
Owner
(Title)
11-13-84
(Date)

OIL CONSERVATION DIVISION

APPROVED NOV 27 1984, 19 _____
BY ORIGINAL SIGNED BY
DISTRICT ENGINEER
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 multiple completed wells.

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NOV 13 1984

G.C.B.
HOBBS OFFICE