

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
PRODUCTION OFFICE	
Operator	

Riata Oil and Gas Company, Inc.

Address  
1600 One Main Place, Dallas, Tx. 75250

Reason(s) for filing (Check proper box)

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

Other (Please explain)

Approval to ship casinghead gas from  
this well must be obtained from the  
BUREAU OF LAND MANAGEMENT (BLM)If change of ownership give name and address of previous owner  
Curry Resources, P.O. Box 5596, Midland, Tx. 79704

## DESCRIPTION OF WELL AND LEASE

THIS WELL HAS BEEN PLACED IN THE POOL  
DESIGNATED BELOW. IF YOU DO NOT CONCUR  
NOTIFY THIS OFFICE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Lisa Federal	1	NW. Antelope Ridge (Bone Springs)	State, Federal or Fee Federal	NM.1383

Location

Unit Letter N : 660 Feet From The south Line and 1980 Feet From The westLine of Section 10 Township 23S Range 34E , NMPM, Lea County

## DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Corp.	500 W. Texas, Midland, Tx. 79701
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 26400 Albuquerque, NM. 87125
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit Sec. Twp. Rge.	
N 10 23S 34E	no

If this production is commingled with that from any other lease or pool, give commingling order number: 1

## COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
XX								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
6/14/84	8/18/84	9870'	9834'					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
3414' df	Bone Springs	9594'	9730'					
Perforations	Depth Casing Shoe							
9724-9684' (16), 9623-9594' (17), 9060-9164' (19), 8925-9015', 8919-9716'								

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	12 3/4"	6,000'	500 sxs (circ.)
11"	8 5/8"	4,859'	1570 sxs
7 7/8"	5 1/2"	7,658"	925 sxs
4 3/4"	3 1/2" OD	9,870'	275 sxs

## 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)

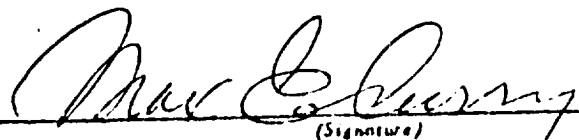
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
5/1/84	10/10/84	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	0	150 + or -	1"
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
18 bbl	18	0	10.8

## 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.

  
(Signature)

agent for Riata Oil and Gas

(Title)

1-21-87

(Date)

FFR

## OIL CONSERVATION DIVISION

APPROVED FEB 17 1987, 19BY 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 deviate 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.