

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 DESIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator **CURRY RESOURCES**Address **POBox 5596, Midland, Texas 79704**

Reason(s) for filing (Check proper box)

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

Other (Please explain)

*2000 bbl. testing
allowable*If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name LISA FEDERAL	Well No. 1	Pool Name, Including Formation Undesignated	Kind of Lease State, Federal or Fed Federal	Lease No.
Location Unit Letter N ; 660 Feet From The S Line and 1980 Feet From The West Line of Section 10 T. mship 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"/> PHILLIPS PETROLEUM CORP	Address (Give address to which approved copy of this form is to be sent) 500 West Texas, Midland, Texas 79701	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GAS CO OF NEW MEXICO	Address (Give address to which approved copy of this form is to be sent) PO Box 26,400, Albuquerque, N.M. 87125	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 10
	Twp. 23S	Rge. 34E
	Is gas actually connected?	When
	NO	Est Sept 31, 1984

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X				X			X
Date Spudded 6-14-84	Date Compl. Ready to Prod. 8-7-84		Total Depth 9,870		P.B.T.D. 9834			
Elevations (DF, RKB, RT, CR, etc.) 3399 GL, 3414 DF	Name of Producing Formation Bone Springs		Top Oil/Gas Pay 9594-9724		Tubing Depth None (3 1/2" OD Csg)			
Perforations 9724-9684; 9623-9594; 33 shots					Depth Casing Shoe			

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

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 8-2-84	Date of Test 8-18-84	Producing Method (Flow, pump, gas lift, etc.) Swab	
Length of Test 5 hrs*	Tubing Pressure 0	Casing Pressure 0	Choke Size 1"
Actual Prod. During Test 50	Oil-Bble. 240	Water-Bble. zero	Gas-MCF 240

*Inconclusive test, request temporary allowable to test zone. See attached letter.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MMCF	Gravity of Condensate
Testing Method (pistol, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size

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 above is true and complete to the best of my knowledge and belief.

(Signature)

OWNER

(Title)

August 21, 1984

(Date)

OIL CONSERVATION DIVISION

AUG 23 1984

APPROVED _____, 19____

BY **Eddie W. Seay**TITLE **Oil & Gas Inspector**

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

AUG 22 1984

O.C.D.
HUBBARD OFFICE