

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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
CASINGHEAD GAS MUST NOT BE
FLARED AFTER 12-1-88
UNLESS AN EXCEPTION TO R-4070
IS OBTAINED.

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PERMITS OFFICE	

Operator
J.C. Williamson

Address
P.O. Box 16 Midland, Texas 79702

Reason(s) for filing (Check proper box)

☐ New Well
☒ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate

Other (Please explain)
Change lease name from
Curry State Com

change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Curry State	Well No. 2	Pool Name, including Formation Wildcat Und. Cherry Canyon	Kind of Lease State, Federal or Fee State	Lease No. L-13838
Unit Letter "C" : 860' Feet From The North Line and 1980' Feet From The West				
Line of Section 22 Township 23-S Range 34-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

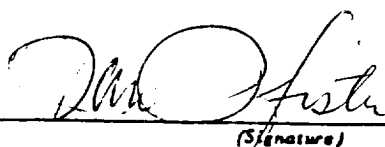
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Lantern Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2281, Midland, Texas 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks. Unit A "C" 22	Sec. 23 Twp. 34 Rge. 34 Is gas actually connected? no 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.


(Signature)

Production

10-05-88

(Title)

(Date)

OIL CONSERVATION DIVISION

APPROVED OCT 07 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I 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.

IV. COMPLETION DATA

VI. COMPLETION DATA										
Designate Type of Completion - (X)			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
X								X		
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Re-08-19-88		09-27-88			12,504'			7430'		
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
3441.1' GR		Cherry Canyon			7196'			7292'		
Perforations								Depth Casing Shoe		
7196-7216'										

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	20" conductor	68'	circ.
17-1/2"	13-3/8"	614'	circ.
12-1/2"	10-3/4"	4700'	circ.
	2-7/8"	7292'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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.)	
09-28-88	10-02-88	pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	pumping	35	full
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
	164	205	114

GOR-695/1

GAS WELL

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

RECEIVED

ON

NOV 1988