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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator J.C. Williamson		Well API No. 30-025-28797-0000
Address P.O. Box 16 Midland, Texas 79702		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Other (Please explain) Recompletion <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Curry Federal	Well No. 3	Pool Name, Including Formation Antelope Ridge Atoka	Kind of Lease State, Federal or Fee	Lease No. NM-0552659-A
Location Unit Letter I : 1680' Feet From The South Line and 760' Feet From The East Line 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 Lantern Petroleum Inc.	<input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	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 Delaware Natural Gas Company, Inc.	<input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 9111 Jollyville Rd. #215 Austin, Tx. 78759				
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 22	Twp. 23	Rge. 34	Is gas actually connected? Yes	When? 06/14/89

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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X				X		X
Date Spudded 10/03/88 PB	Date Compl. Ready to Prod. 10/20/88		Total Depth 13,359'		P.B.T.D. 12,990'			
Elevations (DF, RKB, RT, GR, etc.) 3415.5' GR	Name of Producing Formation Atoka		Top Oil/Gas Pay 12,019'		Tubing Depth 11,210'			
Perforations 12,019'-12,188'					Depth Casing Shoe			
*existing TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
*17-1/2"	13-3/8"		610'		circ.			
*12-1/4"	10-3/4"		4836'		circ.			
* 9-1/2"	7-5/8"		11780'		2470 sx			
	2-7/8"		11,210'					

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 Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 150	Length of Test 24 hrs	Bbls. Condensate/MMCF 3	Gravity of Condensate
Testing Method (pilot, back pr.) Gas Lift	Tubing Pressure (Shut-in) Gas Lift	Casing Pressure (Shut-in) Gas Lift	Choke Size 3/4"

VI. OPERATOR 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 Mr. Livingston
Printed Name **Jan Livingston** Title **02/09/90**
Production **915/682-1797**
Date _____ Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved **APR 12 1990**
By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

FEB 12 1990

OCD
HOBBS OFFICE