

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION 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 J. C. Williamson

Address P.O. Box 16, Midland, Texas 79702

Reason(s) for filing (Check proper box)

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

Other (Please explain) \_\_\_\_\_

If change of ownership give name and address of previous owner Riata Oil & Gas Company, 1600 One Main Place, Dallas, Tx. 75250

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Curry Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Antelope Ridge (Morrow)</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>NM0552659</u>
Location Unit Letter <u>I</u> ; <u>1680</u> Feet From The <u>South</u> Line and <u>760</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>23S</u> Range <u>34E</u> , NMPM, Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

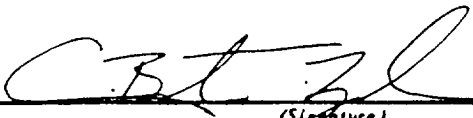
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Lantern Petroleum Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 2281- Midland, Tx. 79702</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Gas Company of New Mexico</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 26400, Albuquerque, NM. 87125</u>
If well produces oil or liquids, give location of tanks.	Unit <u>I</u> Sec. <u>22</u> Twp. <u>23S</u> Rge. <u>34E</u>
Is gas actually connected?	When <u>9/21/86</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.

  
(Signature)  
Vice President-Operations, Riata Oil & Gas  
(Title)  
6/24/88  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 10 1986, 19 \_\_\_\_\_  
BY Paul Kautz  
Geologist  
TITLE \_\_\_\_\_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviated 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.

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Riata Oil & Gas Company, Inc.

3. ADDRESS OF OPERATOR  
1600 One Main Place, Dallas, Tx. 75250

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1680' FSL, 760 FEL, in section 22-23S-34E  
of Lea County New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6. NM 0552659-A

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Curry Federal

9. WELL NO.  
3

10. FIELD AND POOL, OR WILDCAT  
Antelope Ridge (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
sec. 22-T23S-R34E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		

(Other)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Currently this well is shut in. The primary completion interval was uneconomic. Therefore, we are reviewing well data to determine if there are other zones up the hole which are worth pursuing.

RECEIVED  
DEC 9 10 44 AM '87  
CARPENTERS RESOURCE  
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct

SIGNED

(This space for Federal or State office use)

TITLE Vice President Operations

DATE 12/01/87

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

SJS