

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PROMOTION OFFICER		

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  
RIATA OIL & GAS COMPANY

Address  
P. O. Box 5596, Midland, Texas 79704

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner Curry Resources, P.O. Box 5596, Midland, Texas 79704

II. DESCRIPTION OF WELL AND LEASE

Lease Name CURRY FEDERAL	Well No. 3	Pool Name, including Formation ANTELOPE RIDGE (MORROW)	Kind of Lease State, Federal or Fee FEDERAL	Lease No.
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 County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

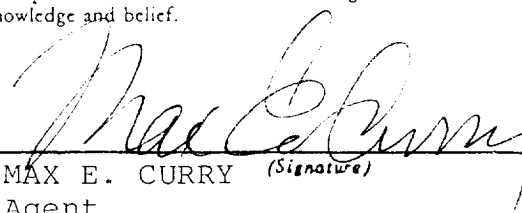
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
LANTERN PETROLEUM CORP.	P.O. Box 2281, Midland, Tx. 79702
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" 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.	Unit Sec. Twp. Rge. Is gas actually connected? When
	I 22 23S 34E YES 9-21-86

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.

  
MAX E. CURRY (Signature)  
Agent  
(Title)  
9/30/86  
(Date)

OIL CONSERVATION DIVISION

APPROVED GOTTLIEB, 19\_\_\_\_  
BY \_\_\_\_\_  
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.

RECEIVED

OCT 9 1986

O.C.B.  
HOLDS OFFICE