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U.S.G.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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SANTA FE, NEW MEXICO 87501
DEC 11 1984
O. C. D.
ARTESIAN

REQUEST FOR ALLOWABLE AND
ARTESIAN PRODUCTION TO TRANSPORT OIL AND NATURAL GAS

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Operator
Damson Oil Corporation

Address
3300 North "A", Bldg. 8, Suite 100, Midland, Texas 79705

Reason(s) for filing (Check proper box)

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

Other (Please explain)
Effective November 1, 1984

If change of ownership give name and address of previous owner
Dorchester Gas Corporation, P. O. Box 96, Hobbs, New Mexico 88240

II. DESCRIPTION OF WELL AND LEASE

Lease Name Sweeney Federal	Well No. 1	Pool Name, Including Formation Lusk (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No.
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Location
Unit Letter G : 1980 Feet From The North Line and 1980 Feet From The East
Line of Section 14 Township 19-S Range 31-E, NMPM, Eddy County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input checked="" type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762

If well produces oil or liquids, give location of tanks.	Unit G	Sec. 14	Twp. 19S	Rge. 31E	Is gas actually connected? yes	When March, 1975
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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.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	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

Post FD-3
12-14-84
t.kg. lp.

GAS WELL

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

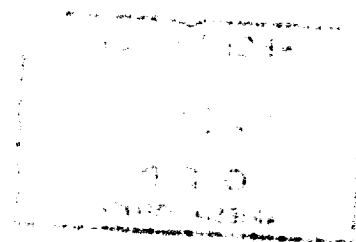
VI. CERTIFICATE OF COMPLIANCE

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.

OIL CONSERVATION DIVISION
DEC 14 1984
APPROVED _____
BY _____
ORIGINAL SIGNER
BY LARRY BROOKS
GEOLOGIST - NMOC

(Note)

Full outcrop section of the well must be filed for each pool in which well is or may be produced. Separate forms C-106 must be filed for each pool in which well is or may be produced.



(1914-1916) 1915