

SANTA FE FILE U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS OPERATOR PRODUCTION OFFICE	REQUEST FOR ALLOWABLE AM) AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	Supersedes Old C-104 and C-111 Effective 1-1-65
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Operator **DAMSON OIL CORPORATION**

Address **c/o Walsh Engr. & Production Corporation**
P. O. Drawer 419 Farmington, New Mexico 87499

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☐	Change in Transporter of:	Correction in Operator's name.
Recompletion ☐	Oil ☐ Dry Gas ☐	
Change in Ownership ☐	Casinghead Gas ☐ Condensate ☐	

If change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name Day "J"	Well No. 5	Pool Name, Including Formation Bloomfield Chacra	Kind of Lease Federal State, Federal or Fee	Lease No. SF-047039B
Location Unit Letter I : 1520 Feet From The South Line and 1120 Feet From The East Line of Section 8 Township 28N Range 10W , NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
So. Union Gathering Company	P.O. Box 1899, Bloomfield, N.M. 87413
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	Yes 2/27/84

If this production is commingled with that from any other lease or pool, give commingling order number: _____

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, CR, 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

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

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

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

FOR: **DAMSON OIL CORPORATION**
ORIGINAL SIGNED BY
EWELL N. WALSH
Ewell N. Walsh President
Walsh Engineering & Production Corp.
9/24/84
(Date)

OIL CONSERVATION COMMISSION
SEP 25 1984
APPROVED _____, 19____
BY **Original Signed By FRANK T. CHAVEZ**
TITLE **SUPERVISOR DISTRICT # 3**

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 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 change of owner, well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multiple completions.