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December 10, 1984

HAND-DELIVERED

Mr. Richard L. Stamets  
Director  
Oil Conservation Division  
Post Office Box 2088  
Santa Fe, New Mexico 87501

RECEIVED  
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OIL CONSERVATION DIVISION

Case 8468

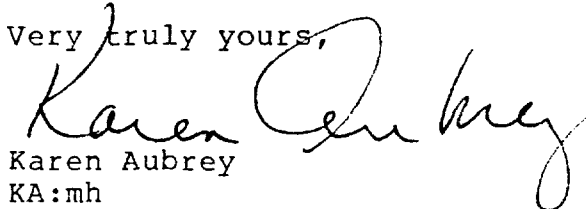
Dear Mr. Stamets:

This letter will constitute Damson Oil Company's applications for exemption from the New Mexico Natural Gas Pricing Act for two infill wells in San Juan County, New Mexico in which Damson owns an interest, the Mexico Federal "K" 1E and the McLeod 2E. Getty Oil Company is the operator of the Mexico well and the McLeod well is operated by Mesa. Since neither of these two operators' share of the production from these wells is sold on the intrastate market, it is our understanding that they have not and do not intend to file applications for exemption on these two wells. Thus, on behalf of Damson, we are hereby filing such applications with the Commission.

Pursuant to Commission Order No. R-5436, we are attaching a copy of the completion report for each well and a 9-section plat showing each infill well and the location and ownership of all offsetting wells. Getty and Mesa, as operators of these wells, are in the process of providing us with certificates stating that nothing has been done to restrict the ability of the original well to produce into the pipeline. We will forward such certificates to the Commission as soon as we receive them.

We request that the Commission set these applications for hearing on the next available docket.

Very truly yours,



Karen Aubrey  
KA:mh  
Enc.

cc: Paul Swearingen, Esq. (w/enc.)



December 10, 1984

SPECIAL RULES AND REGULATIONS  
NATURAL GAS PRICING ACT SECTION 6  
ADMINISTRATIVE EXEMPTION PROCEDURE

*Case 8468*

Rule 1

- (B) Damson Oil Corporation's ~~Mexico Federal~~ "K" 1E is an infill well in the Dakota zone as per Commission Order R-1670-V

Rule 5

Damson Oil Corporation's plat showing pro-  
ration units in Section 8-T28N-R10W and all  
offset units.

Rule 7

R-1670-V for Dakota zones.

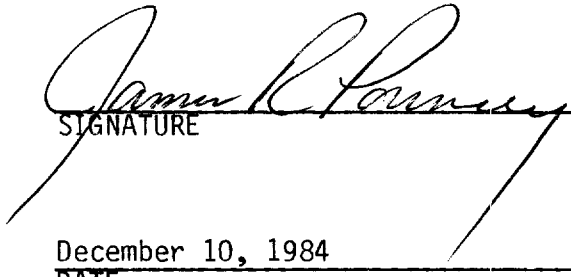
Rule 8

Copy of Completion Report attached.

Damson Oil Corporation would like to have this exemption effective as of the date of first production from the well, 10-16-79.

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

James R. Pouncey  
NAME

  
SIGNATURE

Manager of Outside Operated Properties  
TITLE

December 10, 1984  
DATE

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See other instructions on reverse side)

Form approved,  
Budget Bureau No. 42-R355.5.

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG \***

|                                                                                                                                   |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------|------------------------------------|------------------------------------------------|------------------------------------|---------------------------------------|-----------------|
| 1a. TYPE OF WELL:                                                                                                                 |                 | OIL WELL <input type="checkbox"/>                                    | GAS WELL <input type="checkbox"/>  | DRY <input type="checkbox"/>                   | Other _____                        | 5. LEASE DESIGNATION AND SERIAL NO.   |                 |
| b. TYPE OF COMPLETION:                                                                                                            |                 | NEW WELL <input checked="" type="checkbox"/>                         | WORK OVER <input type="checkbox"/> | DEEP-EN <input type="checkbox"/>               | PLUG BACK <input type="checkbox"/> | DIFF. RESVR. <input type="checkbox"/> | Other _____     |
| 2. NAME OF OPERATOR                                                                                                               |                 |                                                                      |                                    |                                                |                                    | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  |                 |
| Getty Oil Company                                                                                                                 |                 |                                                                      |                                    |                                                |                                    | N/A                                   |                 |
| 3. ADDRESS OF OPERATOR                                                                                                            |                 |                                                                      |                                    |                                                |                                    | 7. UNIT AGREEMENT NAME                |                 |
| Box 3360, Casper, Wyoming 82602                                                                                                   |                 |                                                                      |                                    |                                                |                                    | N/A                                   |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*                                      |                 |                                                                      |                                    |                                                |                                    | 8. FARM OR LEASE NAME                 |                 |
| At surface 1190' FSL & 2020' FWL                                                                                                  |                 |                                                                      |                                    |                                                |                                    | Mexico-Federal "K"                    |                 |
| At top prod. interval reported below same                                                                                         |                 |                                                                      |                                    |                                                |                                    | 9. WELL NO.                           |                 |
| At total depth same                                                                                                               |                 |                                                                      |                                    |                                                |                                    | 1-E                                   |                 |
| 14. PERMIT NO.                                                                                                                    |                 |                                                                      |                                    |                                                |                                    | 12. COUNTY OR PARISH                  |                 |
| DATE ISSUED                                                                                                                       |                 |                                                                      |                                    |                                                |                                    | San Juan                              |                 |
| 15. DATE SPUNDED                                                                                                                  |                 |                                                                      |                                    |                                                |                                    | 13. STATE                             |                 |
| 16. DATE T.D. REACHED                                                                                                             |                 |                                                                      |                                    |                                                |                                    | N.M.                                  |                 |
| 17. DATE COMPL. (Ready to prod.)                                                                                                  |                 |                                                                      |                                    |                                                |                                    | 8-T28N-R10W                           |                 |
| 18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*                                                                                           |                 |                                                                      |                                    |                                                |                                    | 19. ELEV. CASING HEAD                 |                 |
| 5709' GR, 5719' KB                                                                                                                |                 |                                                                      |                                    |                                                |                                    | --                                    |                 |
| 20. TOTAL DEPTH, MD & TVD                                                                                                         |                 | 21. PLUG, BACK T.D., MD & TVD                                        |                                    | 22. IF MULTIPLE COMPL., HOW MANY*              |                                    | 23. INTERVALS DRILLED BY              |                 |
| 6500'                                                                                                                             |                 | 6456'                                                                |                                    | N/A                                            |                                    | ROTARY TOOLS                          |                 |
|                                                                                                                                   |                 |                                                                      |                                    |                                                |                                    | CABLE TOOLS                           |                 |
|                                                                                                                                   |                 |                                                                      |                                    |                                                |                                    | 10-6500'                              |                 |
| 24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*                                                     |                 |                                                                      |                                    |                                                |                                    | 25. WAS DIRECTIONAL SURVEY MADE       |                 |
| 6278'-6418' - Dakota                                                                                                              |                 |                                                                      |                                    |                                                |                                    | No                                    |                 |
| 26. TYPE ELECTRIC AND OTHER LOGS RUN                                                                                              |                 |                                                                      |                                    |                                                |                                    | 27. WAS WELL CORED                    |                 |
| Dual Induction; Comp. form. Density.                                                                                              |                 |                                                                      |                                    |                                                |                                    | No                                    |                 |
| 28. CASING RECORD (Report all strings set in well)                                                                                |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
| CASING SIZE                                                                                                                       | WEIGHT, LB./FT. | DEPTH SET (MD)                                                       | HOLE SIZE                          | CEMENTING RECORD                               | AMOUNT PULLED                      |                                       |                 |
| 8 5/8" OD                                                                                                                         | 24              | 313'                                                                 | 12 1/4"                            | 250 sks                                        | none                               |                                       |                 |
| 5 1/2"                                                                                                                            | 14 & 15.5       | 6500'                                                                | 7 7/8"                             | 1370 sks                                       | none                               |                                       |                 |
| 29. LINER RECORD                                                                                                                  |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
| SIZE                                                                                                                              | TOP (MD)        | BOTTOM (MD)                                                          | SACKS CEMENT*                      | SCREEN (MD)                                    | 30. TUBING RECORD                  |                                       |                 |
|                                                                                                                                   |                 |                                                                      |                                    |                                                | SIZE                               | DEPTH SET (MD)                        | PACKER SET (MD) |
|                                                                                                                                   |                 |                                                                      |                                    |                                                | 2 3/8"                             | 6331'                                 | -               |
| 31. PERFORATION RECORD (Interval, size and number)                                                                                |                 |                                                                      |                                    | 32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. |                                    |                                       |                 |
| 6278-84' - 6 shots                                                                                                                |                 |                                                                      |                                    | DEPTH INTERVAL (MD)                            |                                    |                                       |                 |
| 6338-80' - 42 shots                                                                                                               |                 |                                                                      |                                    | AMOUNT AND KIND OF MATERIAL USED               |                                    |                                       |                 |
| 6406-18' - 12 shots                                                                                                               |                 |                                                                      |                                    | 6278-6418' 120,000 gals, 1% KCL in             |                                    |                                       |                 |
|                                                                                                                                   |                 |                                                                      |                                    | 120,000 # 20/40 sand.                          |                                    |                                       |                 |
| 33. PRODUCTION                                                                                                                    |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
| DATE FIRST PRODUCTION                                                                                                             |                 | PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) |                                    |                                                |                                    | WELL STATUS (Producing or shut-in)    |                 |
| 10-26-79                                                                                                                          |                 | flowing                                                              |                                    |                                                |                                    | shut-in                               |                 |
| DATE OF TEST                                                                                                                      | HOURS TESTED    | CHOKE SIZE                                                           | PROD'N. FOR TEST PERIOD            | OIL—BBL.                                       | GAS—MCF.                           | WATER—BBL.                            | GAS-OIL RATIO   |
| 11-2-79                                                                                                                           | 3               | 3/4"                                                                 | →                                  | 1                                              | 355                                | 0                                     | 1000:1          |
| FLOW, TUBING PRESS.                                                                                                               | CASING PRESSURE | CALCULATED 24-HOUR RATE                                              | OIL—BBL.                           | GAS—MCF.                                       | WATER—BBL.                         | OIL GRAVITY-API (CORR)                |                 |
| 201                                                                                                                               | 773             | →                                                                    | 4                                  | 4150                                           | 0                                  | 60                                    |                 |
| 34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)                                                                        |                 |                                                                      |                                    |                                                |                                    | TEST WITNESSED BY                     |                 |
| Shut in for pipeline connection                                                                                                   |                 |                                                                      |                                    |                                                |                                    | Mark Kramer                           |                 |
| 35. LIST OF ATTACHMENTS                                                                                                           |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
| 36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records |                 |                                                                      |                                    |                                                |                                    |                                       |                 |
| SIGNED <u>W E Galt</u>                                                                                                            |                 | TITLE <u>Area Superintendent</u>                                     |                                    |                                                | DATE <u>11-16-79</u>               |                                       |                 |

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

**Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

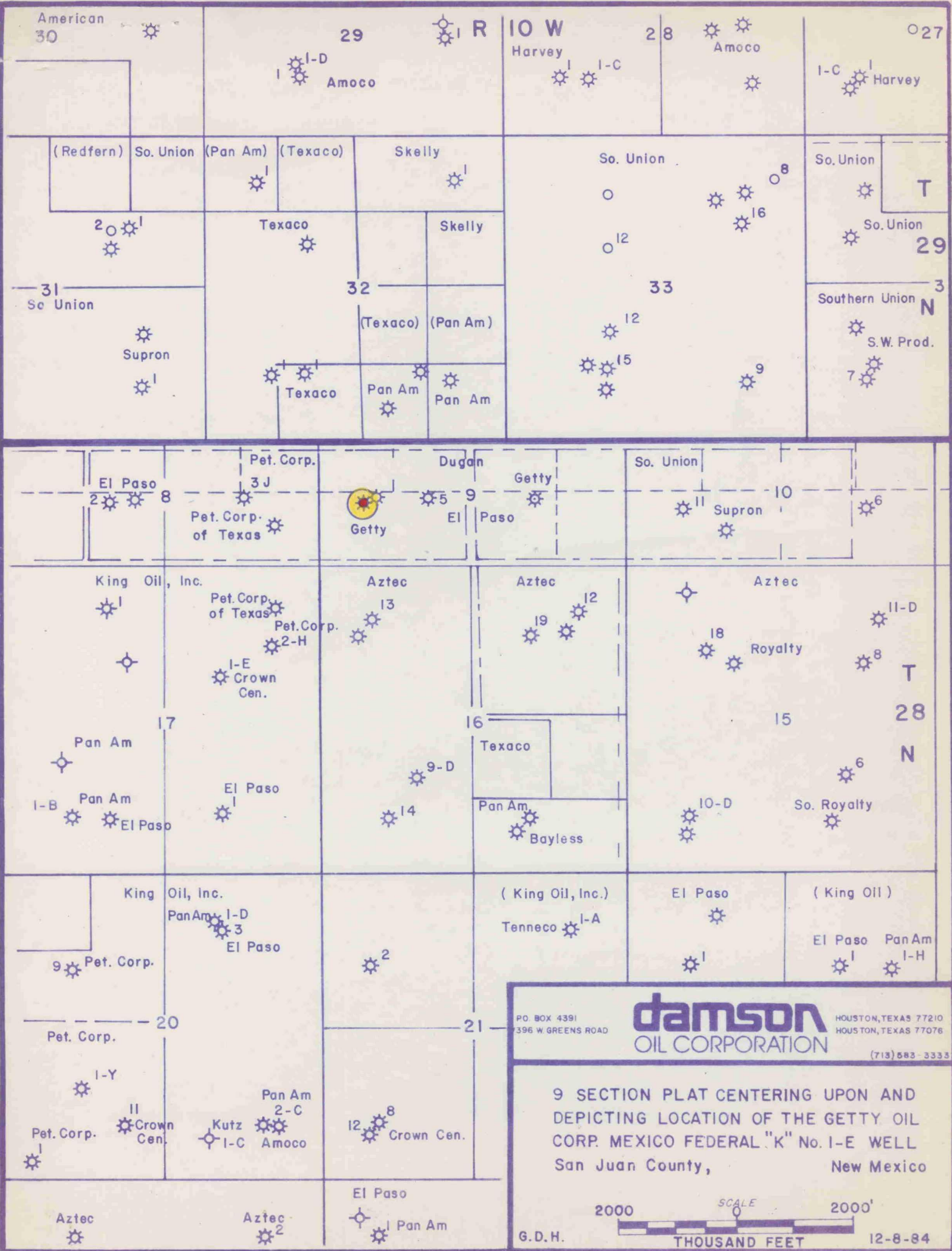
**Item 29: "Seals Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

**Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

## 37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

| FORMATION | TOP   | BOTTOM | DESCRIPTION, CONTENTS, ETC. | NAME                                                                                                                              | MEAS. DEPTH                                                                                   | TRUE VERT. DEPTH |
|-----------|-------|--------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------|
| Dakota    | 6257' | 6422'  |                             | Ojo Alamo<br>Kirkland<br>Fruitland<br>Pictured Cliffs<br>Lewis<br>Chacra<br>Mesa Verde<br>Mancos<br>Gallup<br>Greenhorn<br>Dakota | 697'<br>837'<br>1667'<br>1846'<br>1917'<br>2841'<br>3432'<br>4405'<br>5392'<br>6156'<br>6257' |                  |



P.O. BOX 4391  
7396 W. GREENS ROAD

**damson**  
OIL CORPORATION

HOUSTON, TEXAS 77210  
HOUSTON, TEXAS 77076

(713) 583-3333

9 SECTION PLAT CENTERING UPON AND  
DEPICTING LOCATION OF THE GETTY OIL  
CORP. MEXICO FEDERAL "K" No. 1-E WELL  
San Juan County, New Mexico



G.D.H.