

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 8750

NO. OF COPIES DESIRED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	

RECEIVED BY
JUL 17 1986
ARTESIA OFFICE

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Other (Please explain)

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jenkins "B" Federal</u>	Well No. <u>6</u>	Pool Name, including Formation <u>Grayburg Jackson SA-Q-G-SA</u>	Kind of Lease <u>State, Federal or Fee Federal</u>	Lease No. <u>054988</u>
Location Unit Letter <u>C</u> : <u>660</u> Feet From The <u>north</u> Line and <u>1650</u> Feet From The <u>west</u>				
Line of Section <u>20</u> Township <u>17S</u> Range <u>30E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corporation</u> (Eff. 9/1/87)	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1183, Houston, Texas 77251</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum</u>	Address (Give address to which approved copy of this form is to be sent) <u>424 HS & L Bldg., Bartlesville, Ok. 7400</u>
If well produces oil or liquids, give location of tanks. Unit <u>E</u> Sec. <u>20</u> Twp. <u>17S</u> Rge. <u>30E</u>	Is gas actually connected? <u>Yes</u> When <u>August, 1981</u>

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> New Well <input type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/>
Date Spudded	Date Compl. Ready to Prod.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation
Perforations	Top Oil/Gas Pay
TUBING, CASING, AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE
DEPTH SET	
SACKS CEMENT	
<u>Post IO-3</u>	
<u>7-18-86</u>	
<u>Chg. to T.N.M.</u>	

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 of hole 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/MCF	Gravity of Condensate
Testing Method (puls, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-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.

Kathleen Allen
(Signature)

Engineering Assistant
(Title)

7-16-86

(Date)

OIL CONSERVATION DIVISION
JUL 28 1986

APPROVED _____, 19____
Original Signed By
BY Las A. Clements
Supervisor District II

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the dev tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for a well on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of a well name or number, or transporter, or other such change of conditions.
Separate Form C-104 must be filed for each pool in multiple completed wells.