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REQUEST FOR ALLOWABLE  
AND  
AUTORIZATION TO TRANSPORT OIL AND NATURAL GAS

TA

Operator Damson Oil Corporation	
Address 3300 North "A", Bldg. 8, Suite 100, Midland, Texas 79705	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Effective November 1, 1984
Change in Ownership <input checked="" type="checkbox"/>	

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 Holder "CT" Federal	Well No. 1	Pool Name, including Formation Lusk (Strawn)	Kind of Lease State, Federal or Fee Federal	Lease No. NM034954
Location Unit Letter <u>F</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>19</u> South Range <u>31</u> East, 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 type="checkbox"/> <u>The Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 3119, Midland, Texas 79701</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Phillips Petroleum Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>4001 Penbrook, Odessa, Texas 79762</u>
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Sec. <u>11</u> Twp. <u>19S</u> Rge. <u>31E</u>	Is gas actually connected? <u>yes</u> When <u>July 21, 1967</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	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res'v.	Diff. Re.
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 oil able 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.) <u>Tested 11-13-84</u>	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>6 1/2" OF</u>
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

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 \_\_\_\_\_, 19

BY \_\_\_\_\_  
ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMOC