

Form C-104  
Revised 10-1-80

RECEIVED BY

OCT 30 1984

O. C. D.  
ARTESIA, OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator

DAMSON OIL CORPORATION

Address

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

Reason(s) for filing (Check proper box)

New Well

Recompletion

Change In Ownership

Change In Transporter of:

Oil

Casinghead Gas

Dry Gas

Condensate

Other (Please explain)

If change of ownership give name and address of previous owner DORCHESTER EXPLORATION, INC., 3300 North "A", Suite 100, Bldg. 8, Midland, TX 79705

II. DESCRIPTION OF WELL AND LEASE

Lease Name

Liggett et al Comm.

Well No.

1

Pool Name, including Formation

Four Mile Draw W. (Morrow)

Kind of Lease

State, Federal or Fee Fee

Lease No.

Location

Unit Letter

J

1980

Feet From The

East

Line and

1980

Feet From The

South

Line of Section

6

T. andship

19-S

Range

26-E

NMPM,

Eddy

County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil

The Permian Corporation

Address (Give address to which approved copy of this form is to be sent)

P. O. Box 1183, Houston, Texas 77001

Name of Authorized Transporter of Casinghead Gas

Southern Union Gathering Company

Address (Give address to which approved copy of this form is to be sent)

Box 980, Hobbs, NM 88240

If well produces oil or liquids, give location of tanks.

Unit

J

Sec.

6

Twp.

19-S

Rge.

26-E

Is gas actually connected?

Yes

When

12/1/81

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'tv.

Diff. Res'tv.

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.)

Post IP-2  
11-2-84  
chg. op.

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 (piston, 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.

Margie L. Reynolds

(Signature)

Production Analyst

(Title)

10/25/84

(Date)

OIL CONSERVATION DIVISION

OCT 30 1984

APPROVED

BY

Original Signed By

Leslie A. Clements

Supervisor District II

TITLE

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 changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.