

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DISTRIBUTION			
SANTA FE			
P.M.S.			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	NAT		
OPERATOR			
PRODUCTION OFFICE			

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 ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐ Other (Please explain)
Effective November 1, 1984
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 Southern California Fed.	Well No. 1	Pool Name, including Formation Lusk (Morrow)	Kind of Lease State, Federal or Fee Federal	Lease
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM, Lea, Cou				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, Texas 79762
If well produces oil or liquids, give location of tanks. Unit <u>H</u> Sec. <u>29</u> Twp. <u>19S</u> Rge. <u>32E</u>	Is gas actually connected? <u>yes</u> When <u>at completion</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	Same 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 off 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.)	
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 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
APPROVED DEC 13 1984
BY ORIGINAL SIGNED BY JERRY TEXTON

P. O. BOX 2088
SANTA FE, NEW MEXICO 875

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES DESTROYED	
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OPERATOR	
PRODUCTION OFFICE	

Damson Oil Corporation

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

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Effective
November 1, 1984

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 Southern California Fed.	Well No. 1	Pool Name, including Formation Lusk (Strawn)	Kind of Lease State Federal and Fed.	Lease N
Location Unit Letter <u>H</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>29</u> Township <u>19-S</u> Range <u>32-E</u> , NMPM. Lea Count				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> The Permian Corporation	Address (Give address to which approved copy of this form is to be sent) Box 3119, Midland, Texas 79701					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips Petroleum Company	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook St. Odessa, Texas 79762					
If well produces oil or liquids, give location of tanks.	Unit <u>H</u>	Sec. <u>29</u>	Twp. <u>19S</u>	Rge. <u>32E</u>	Is gas actually connected? Yes	When at completion

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'v.	Diff. Res
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, 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		

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.)	
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 (Shot-in)	Casing Pressure (Shot-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

APPROVED

DEC 13 1984

, 19

BY

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

2. NAME OF OPERATOR
Dorchester Gas Corporation

3. ADDRESS OF OPERATOR
P. O. Box 96, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)	

5. LEASE

LC-063586

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southern California Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Lusk Strawn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 29, T. 19 S., R. 32 E.

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3560 GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Aug. 12 - Sept. 20: Set Baker 1.50" FW plug in dual packer at 11,337' to temporarily abandon the Morrow zone, set Baker B-1 tbg stop as hold down to FW plug. Perforated Morrow tbg string at 11,335' w/2 1/4" holes, jetted w/1" coil tbg and swabbed 167 bbl. of drlg mud from annulus. Pulled short string stinger from dual packer at 11,337' and laid down 346 jts of 2-1/16" o.d. IJ 10rd tbg. Unable to release BOT hydraulic packers, jet cut long string 15' above Baker B-1 tbg stop, laid down 346 jts of 2-1/16" o.d. IJ 10rd tbg. Ran treating packer on 2-3/8" tbg. tagged fish in top of dual packer at 11,311', set packer at 11,280', swabbed back load water and drlg mud, acidized down tbg w/4000 gal 15% NEFE acid, 4 gal HAI-50, 15 gal 14 N, 40 gal parasperse, flushed w/24 bbl. water, swabbed and flowed back load. Ran 2500' of 2-7/8" tbg plus 8600' of 2-3/8" tbg, anchored tbg at 10,859', SN at 11,055'. Ran API 86 rod string and put well on pump 09/16/82. 24 hr test 09/20/82, 34 BO, 3 BW, 87 MCF. Pumping casing FL 5146'.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Steve Collins TITLE District Engineer DATE September 22, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

SEP 20 1983

ROSWELL, NEW MEXICO

E

RECEIVED
SEP 21 1983
C. CO.
MOBES OFFICE

OIL CONSERVATION DIVISION

Form C-104
Revised 10-1-78

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
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TRANSPORTER	OIL
PERATOR	GAS
ADJUDICATION OFFICE	
PERMIT	

Dorchester Gas Corporation

Address

P. O. Box 96, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of:
Completion ☐ Oil ☒ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

Change of ownership give name
and address of previous owner

N/A

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
So. California Federal	1	Lusk Strawn	State, Federal or Fee Federal	LC-063586

Unit Letter H ; 1980 Feet From The North Line and 660 Feet From The East

Line of Section 29 Township 19 S Range 32 E , NMPM, Lea County

SIGNATURE OF TRANSPORTER OF OIL AND NATURAL GAS

Signature of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Company	P. O. Box 2528, Hobbs, New Mexico 88240
Signature of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Company	4001 Penbrook Street, Odessa, Texas 79762

Well produces oil or liquids, ☐ Unit F Sec. 29 Twp. 19S Rge. 32E Is gas actually connected? ☒ When at completion

Is production commingled with that from any other lease or pool, give commingling order number:

N/A

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Other	Diff. Res.
Is Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Productions (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Productions			Depth Casing Shoe					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE 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)

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
Oil Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

WELL

Oil 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 Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Jim McManus
(Signature)

Production Forman
(Title)

August 1, 1983
(Date)

OIL CONSERVATION DIVISION

AUG 11 1983

APPROVED _____, 19

BY ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.

RECEIVED
AUG 10 1983
HOBBS OFFICE