Damson Oil Corpc ion Southern Cal. Federal #6 Lea County, N.M.

STATE OF NEW MEXICO DEVIATION REPORT

| 125 | 1/4 |
|------|--------------------------|
| 339 | 1/2 |
| 575 | 1/4 |
| 885 | 3/4 |
| 1184 | 1 |
| 1462 | 1/2 |
| 1772 | 3/4 |
| 2066 | 2 1/4 |
| 2150 | 1 2/1 |
| 2245 | 2 |
| 2358 | $\frac{1}{2}$ |
| 2431 | 2 1/2 |
| 2522 | 1 3/4 |
| 2720 | 1 1/2 |
| 2866 | 1 |
| 3140 | 1 |
| 3600 | 2 3/4 |
| 3726 | 3 |
| 3788 | 3 3 |
| 3849 | 3 1/4 3 3 2 3/4 |
| 3920 | 3 |
| 4013 | 3 |
| 4168 | 2 3/4 |
| 3480 | 1 3/4 |
| 4698 | 1 1/4 |
| 4899 | 1 1/4 |
| 5200 | 1 1/4 |
| 5586 | 3/4 |
| 5927 | 1 |
| 6230 | 3/4 |
| 6514 | 3/4 |
| 6857 | 3/4 |
| 7200 | 3/4 |

Rayther

By: Ray Peterson

STATE OF TEXAS

COUNTY OF MIDLAND 1

The foregoing instrument was acknowledged before me this <u>7th</u> day of <u>December</u>, 19 87, by <u>Ray Peterson</u> on behalf of <u>Peterson Drilling Company</u>.

alice keel

My Commission expires: 8/2/88

Notary Public for Midland County, Texas

RECEIVED

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DEC 2 8 1987

OCD HOBBS OFFICE

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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|------------------|---|----------|
| DISTRIBUTION | | Г |
| SANTA PE | | 1 |
| FILE | | Γ |
| U.8.Q.8. | | |
| LAND OFFICE | | |
| TRANSPORTER OIL | | |
| QAS | | |
| OPERATOR | | |
| PRORATION OFFICE | | |

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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator | | | | | |
|---|------------------------------|-------------------------------|-----------|--|--|
| Damson Oil Corporation | | | | | |
| Address | | | | | |
| 3300 N. A, Bldg. 8, Suite 100, Midland, 1 | Геха s 79705 | | | | |
| Reason(s) for filing (Check proper box) | Other (Pleas | e explainj | | | |
| New Well Change in Transporter of | : | | | | |
| Recompletion Oil | Dry Gas | | | | |
| Casinghead Gas | Condensate | | | | |
| If change of ownership give name and address of previous owner | | | | | |
| II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Inc. | Juding Formation | | | | |
| | | Kind of Lease | Lease No. | | |
| | (Delaware) | State, Federal or Fee Federal | LC063586 | | |
| Unit Letter M : 660 Feet From The West Line and 990 Feet From The South | | | | | |
| | inge 32E , NMPN | , Lea | County | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS | | | | | |
| Name of Authorized Transporter of Oll 🕎 or Condensate 🗋 Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Texas-New Mexico Pipeline Company P. O. Box 2528, Hobbs, NM 88240 | | | | | |
| Name of Authorized Transporter of Casinghead Gas () or Dry Gas Address (Give address to which approved copy of this form is to be sent) | | | | | |
| Phillips 66 Natural Gas Company 4001 Penbrook, Odessa, Texas 79762 | | | | | |
| | Rge. Is gas actually connect | sd? When | | | |
| give location of tanks. H 29 198 | 32E Yes | 'At completion | | | |

If this production is commingled with that from any other lease or pool, give commingling order number: _____PC_727

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

12/23/87

J 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.

| 1 mar D. |
|-------------|
| Alloodwork |
| (Signature) |

| District Engineer |
|-------------------|
| |
| (Title) |

| | | _ |
|------|------|---|
| | | |
| - 11 | Date | , |

| C | IL CONSERVATION DIVISION | |
|----------|-------------------------------|----|
| APPROVED | <u>DEC 2 9 1987</u> | ·· |
| BY | ROINAL SIGNED BY JERRY SEXTON | |
| TITLE | DISTRICT I SUPERVISOR | |

TITLE _____ DISTRICT / SUPERVISOR

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 deviation 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 multiply completed wells.

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IV. COMPLETION DATA

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| Designate Type of Completic | on - (X) | New Well Workover Deepen | Plug Back Same Res'v. Diff. Res'v |
|------------------------------------|-----------------------------|--------------------------|-----------------------------------|
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| 11/13/87 | 12/9/87 | 7,200' | 7,145' |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| 3,547' GR | Delaware | 6,387' | 6,345' |
| Perfocations | | | Depth Casing Shoe |
| 6,389' - 6,399' | | | 7,145' |
| | TUBING, CASING, AN | D CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| 17-1/2" | 13-3/8" | 881' | 73sx |
| 12-1/4" | 8-5/8" | 4,498' | 2600sx |
| 7-7/8" | 5-1/2" | 7,145' | 940sx |
| | 1 | | 1 |

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allou-OIL WELL 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.) | |
|---------------------------------|-----------------|---|------------|
| 12/9/87 | 12/21/87 | Pumping | |
| Longth of Test | Tubing Pressure | Casing Pressure | Choke Size |
| 24 hrs. | - | - | - |
| Actual Prod. During Test | Oll-Bbis. | Water - Bble. | Gas • MCF |
| | 110 | 10 | 141 |

GAS WELL

| Actual Prod. Test-MCF/D | Longih of Tost | Bbls. Condensate/MMCF | Gravity of Condensate |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| · _ | - | _ | - |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Saut-im) | Choke Size |
| - | - | - | - |