

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

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

I.

Operator  
Damson Oil Corporation

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

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Southern California Federal	Well No. A	Pool Name, including Formation West Lusk (Delware)	Kind of Lease State, Federal or Fee Federal	Lease No. LC-063586
Location Unit Letter <u>B J</u> ; <u>2260'</u> Feet From The <u>West</u> Line and <u>2210'</u> Feet From The <u>North</u>				
Line of Section <u>29</u> Township <u>19S</u> Range <u>32E</u> , NMPM, <u>Lea</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"/> Texas-New Mexico Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 2528, Hobbs, New Mexico 88240
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Phillips 66 Natural Gas 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 Sec. Twp. Rge. H 29 19S 32E
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: PC 727

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

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 is true and complete to the best of my knowledge and belief.

*C. M. Bloodworth*  
(Signature)

District Engineer

(Title)

5/20/88

(Date)

C. M. Bloodworth

OIL CONSERVATION DIVISION

APPROVED MAY 23 1988, 19

BY ORIGINAL SIGNED BY JERRY SEXTON

TITLE DISTRICT I 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.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
				X					
Date Spudded 3/23/88	Date Compl. Ready to Prod. 4/20/88	Total Depth 7,204'				P.B.T.D. 7,158'			
Elevations (DF, RKB, RT, CR, etc.) 3,556' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 6,429'				Tubing Depth 6,398'			
Perforations 6,429'-42' (6,731'-6,745', 6,683'-6,700' Below CIBP)						Depth Casing Shoe 7,204'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
17-1/2"	13-3/8"		903'		735sx				
12-1/4"	8-5/8"		4,500'		2450sx				
7-7/8"	5-1/2"		7,204'		600sx				

#### 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 allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4/24/88	Date of Test 5/17/88	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 Hours	Tubing Pressure N/A	Casing Pressure 32 psig	Choke Size N/A
Actual Prod. During Test	Oil - Bbls. 185	Water - Bbls. 88	Gas - MCF 115

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 -

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LESLIE K. EVERTSON - ROSWELL  
KENNETH D. REYNOLDS - ARTESIA

**DRILLING CO., INC. - OIL WELL DRILLING CONTRACTORS**

P. O. Box 1498 ROSWELL, NEW MEXICO 88201  
TELEPHONES: ARTESIA 505/746-6757  
ROSWELL 505/623-5070

April 19, 1988

Damson Oil Corporation  
3300 North A Building 8  
Suite 400  
Midland, Texas 79705

REF: S. California Fed #7

Gentlemen:

The following is a Deviation Survey on the above referenced well located in Lea County, New Mexico.

167' - 1/2°	2890' - 1°
402' - 1/2°	3126' - 1°
566' - 1/2°	3415' - 1°
905' - 1 3/4°	3812' - 1 1/4°
910' - 2 1/4°	4331' - 1 1/2°
1034' - 2°	4500' - 1/2°
1281' - 1 1/2°	5000' - 1°
1561' - 1 1/4°	5459' - 1/2°
2053' - 1 1/4°	5670' - 1/4°
2347' - 1 1/2°	6180' - 1/2°
2519' - 1 1/4°	6460' - 3/4°
2767' - 1°	6999' - 1/2°
	7200' - 1° TD

Sincerely,  
WEK Drilling Company, Inc.

*Arnold Newkirk*

Arnold Newkirk  
Vice-President

STATE OF NEW MEXICO)

)

COUNTY OF CHAVES )

The foregoing was acknowledged before me this 19<sup>th</sup> day  
of April 1988 by Arnold Newkirk.

MY COMMISSION EXPIRES

11-19-91

*Jo Pullins*

notary public

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other Instructions on Reverse Side)

Exposure A-1000, 1-88

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-063586	
2. NAME OF OPERATOR Damson Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3300 North "A", Bldg. 8, Suite 100, Midland, Texas 79705		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2260' FWL & 2210' FNL		8. FARM OR LEASE NAME Southern California Federal	
14. PERMIT NO. N/A		9. WELL NO. 7	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3,556'		10. FIELD AND POOL, OR WILDCAT West Lusk Delaware	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 29, T19S, R32E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> Stimulate & Test	<input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

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.)\*

The following is an addendum to Step 13 on the previously filed Sundry dated 4/20/88:

Step 13) Spotted 2 bbls 15% NEFE acid across perms and acidized perms w/1500 gals HCL acid.

4/22/88-5/10/88 - Stimulate and test Delaware Zone<sup>(\*)</sup>

- 1) Frac perf 6,683'-6,700' w/19,000 gals gelled water & 45,300# 12/20 sand.
- 2) Zone pump tested 44 BOPD/176 BWPD/61 MCFPD.
- 3) TOH w/rods & pump. TIH w/pressure bomb.
- 4) Shut well in for pressure buildup test.
- 5) Recovered pressure bomb.
- 6) TIH w/CIBP and set @ 6,620'.
- 7) Spotted 100 gals 15% HCl and perforated 6,429'-42' w/2 JSPF.
- 8) Acidized 6,429'-42' w/2000 gals 15% HCl, then frac'ed w/19,000 gals & 49,000# 12/20 sand.
- 9) TIH w/production equipment and put well on test.

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

SIGNED <u>C. M. Bloodworth</u>	TITLE <u>District Engineer</u>	DATE <u>5/11/88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side

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