

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES REQUIRED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.U.S.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
REGISTRATION OFFICE	
Operator	

Millard Deck Estate c/o First National Bank of Fort Worth

Address

One Burnett Plaza, Ft. Worth, Texas 76102

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name and address of previous owner: Damson Oil Corp. - 5710 Opelousas, Lake Charles, La. 70601

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Well Name, including Formation	Kind of Lease	Lease to
L. D. Jones	1	House Blinebry (Gas)	State, Federal or Free	Fee
Location				
Unit Letter	H	2310 Feet From The North	Line and	330 Feet From The East
Line of Section	1	Township	20 South	Range
			38 East	Lea

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
None	
Name of Authorized Transporter of Coasthead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 1492, El Paso, TX 79978
If well produces oil or liquids, give location of tanks.	Is this naturally compressed? When

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

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Re-completing	Deepen	Relinquish	Line Restrict	Unit Restrict
Date Spudded	Date Compl. Ready to Prod.	Total Depth	PERFORATION					
Elevations (DE, RAB, RT, GR, etc.)	Name of Producing Formation	Top of Producing	Tubing Depth					
Perforations						Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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 test)

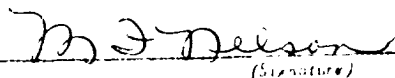
Date First Flow Control Test	Date of Test	Producing Formation (Name, depth, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-MCF/D	Water-MCF/D	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (piston, back pr.)	Tubing Pressure (psig-in)	Casing Pressure (psig-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.


(Signature)

Engineer

10/12/82

(Date)

OIL CONSERVATION DIVISION

APPROVED

OCT 27 1982

ORIGINAL SIGNED BY

BY

JERRY SEXTON

TITLE

DISTRICT 1 SUPERVISOR

This form is to be filed in compliance with RULE 100.

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 logs taken on the well in accordance with RULE 111.

All portions 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 casing, well casing number, or transportation of other such things of casing.

This form must be filed for each well in multiple copies.

RECEIVED
OCT 26 1982
O.C.D.
HOBBS OFFICE