## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

5.	LEASE	NM-7095
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6	IF INDIAN	I AI I	OTTEE	OR TE	HREN	IAM

GEO200012 - 001112					
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME				
(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.)	8. FARM OR LEASE NAME Federal				
1. oil	9. WELL NO. 1 _24				
2. NAME OF OPERATOR Damson Oil Company	10. FIELD OR WILDCAT NAME				
3. ADDRESS OF OPERATOR	Undesignated Entrada				
260 N. Belt East, Suite 300, Houston, Te	211. SEC., T., R., M., OR BLK. AND SURVEY OR				
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sem.24,T15N-R8W N.M.P.M.				
AT SURFACE: 3301/N & 16501/E AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE New Mexico				
at total depth: Same	14. API NO.				
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)				
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:					
TEST WATER SHUT-OFF					
FRACTURE TREAT					
REPAIR WELL	(NOTE: Report results of multiple completion or zone				
PULL OR ALTER CASING	change on Form 9-330.)				
MULTIPLE COMPLETE					
ABANDON*					
(other)	·				
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	e all pertinent details, and give pertinent dates, tirectionally drilled, give subsurface locations and to this work.)*				
It is out intention to set cement plugs	at the following depths:				
201700 26670	And the second s				
1. 3450°-3665° 2. 2400°-2550°					
3. 2150° -2300°					
4. 1150: -1300:					
5. 100° in surface.					
A dry hole marker will be placed in the	surface and the location				
restored.					
	** ** ** ** ** ** ** ** ** ** ** ** **				
Subsurface Safety Valve: Manu. and Type	Set @ Ft.				
18. I hereby certify that the foregoing is true and correct					
SIGNED W Agent	DATE8/28/79				
(This space for Federal or State office use)					
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	TAPPROVED				

Oltal

\*See Instructions on Reverse Side

DAVID MALDONADO DISTRICT CIL & GAS SUPERVISOR

NMOCC