

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
DAMSON OIL CORPORATION

3. ADDRESS OF OPERATOR c/o Walsh Engr. & Prod. Corp
P.O. Drawer 419 Farmington, N.M. 87499

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1520'FSI, 1120'FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH:

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

5. LEASE
SF-047039-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Day "J"

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
Bloomfield Chacra

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 8-T28N-R10W
N.M.P.M.

12. COUNTY OR PARISH
San Juan

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5796'G.L.

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Change in Operator ☒

RECEIVED

JAN 25 1983

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

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

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 name of the operator is changed as follows:

FROM: PETROLEUM CORPORATION OF TEXAS

TO: DAMSON OIL CORPORATION

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

FOR: DAMSON OIL CORPORATION

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

ORIGINAL SIGNED BY _____ President, Walsh
SIGNED _____ Ewell N. Walsh, PE TITLE Engr. & Prod. DATE 1/25/83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

NMOC

FARMINGTON DISTRICT

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