(November 1983) (Formerly 9-3317

16.

## UNITED STATES SUBMIT IN TRIPLICATE\* (Qther instructions on reverse side)

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO. SF-078716

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

BUREAU	OF	LAND	MANAGEMENT	

CHAIDDY NOTICES AND REPORTS ON WELLS HER

	(Do not use this form for pro Use "APPL!	posals to drill or ICATION FOR PE	to deepen or plug back RMIT—" for such prop-	to a different reservoir.		
	OIL CAB X OTHER		Ç	9 HOV <u>2</u> 0 <u>/// 10: 39</u>	7. UNIT AGREEMENT NA	N.S.
	NAME OF OPERATOR				8. FARM OR LEASE NAM	B.
	Damson Oil Corporat	ion	FAR	Hington Fireless area	Bunce	
<u> </u>	ADDRESS OF OPERATOR			akin idakan ar il til Aidd	9. WELL NO.	
	3300 N ''A'' Bldg 8,	Suite 100	Midland, TX	79705	2	
1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. <sup>6</sup> See also space 17 below.) At surface					Aztec PC	WILDCAT
					11. SEC., T., E., M., OR R SURVEY OR AREA	LE. AND
					Sec 19-T29N-I	R10W
14. PERMIT NO.   15 EL		15 ELEVATIO	NS (Show whether DF, R)	r, cz. etc.)	12. COUNTY OR PARIER	13. STATE
•					San Juna	NM

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

FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  Surface   Commingle   X   Completion or Recompletion Beport and Log form.)	NOTICE OF INTENTION TO:							
FRACTURE TREAT  MULTIPLE COMPLETE  SHOOT OR ACIDIZE  REPAIR WELL  CHANGE PLANE  FRACTURE TREATMENT  ABANDONMENT*  (Other)  (Note: Report results of multiple completion on Well				$\overline{}$	!		}	
BHOOT OR ACIDIZE  REPAIR WELL  CHANGE PLANE  (Other)  (Note: Report results of multiple completion on Well	TEST WATER SHUT-OFF		PULL OR ALTER CASING	,   <u></u>	WATER SHUT-OFF		REPAIRING WELL	
REPAIR WELL CHANGE PLANE (Other) (Other)	PRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	<u> </u>	ALTERING CASING	
(Note: Report results of multiple completion on Well	SHOOT OR ACIDIZE		ABANDON*		BEOOTING OR ACIDIZING		*BANDONMENT	
(Other) Surface Commingle X. Completion or Recompletion Report and Log form.)	REPAIR WELL		CHANGE PLANE			ults (	of multiple completion on Wel	<u>.</u>
	(Other)	Sı	urface Commingle	<u>'_X</u> _	Completion or Reco	uple	tion Report and Log form.)	

17. DESCRIPT 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 gones pertinent to this work.) \*

Your approval is requested to surface commingle the gas from the Bunce #2 and #3. wells. We have in the past produced each well by utilizing a compressor. However, because of economics, we have had to remove the compressor on the Bunce #3. We propose to lay a line between the two wells and utilize one compressor to produce both wells. This will substantially increase the economic life of both wells and should maintain an increased producing rate. The wells will be tested once a month by shutting in the other well, and testing the remaining well down the flowline. Both wells will be returned to production to stablize the wells, then the alternate well will be tested with the other well shut-in. Attached for your review is a plat showing the location of the wells. As you can see, all this area has been significantly distrubed, so no additional surface damage will occur.

DEC 01 1989

OIL CON DIV

		DIST. 3
SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SONAL R. Gra	TITLE District Engineer	DATE 11-16-89
(This space for Federal or State office use)	TITLE	APPROVED
APPROVED BY	MAIOCD	NAY 28 1/29