

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

ARTESIA, NM 88210

## 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 ☒ gas ☐ other ☐  
well well2. NAME OF OPERATOR  
Damson Oil Corporation3. ADDRESS OF OPERATOR 3300 North "A", Bldg  
8, Suite 100, Midland, TX 797054. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17  
below.)

AT SURFACE: 1980' FSL &amp; 1980' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☒ABANDON\* ☐(other) ☐

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☐

5. LEASE

NM 0554775

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dozier Federal Com

9. WELL NO.

10. FIELD OR WILDCAT NAME

Lusk (Strawn)

11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA

Sec. 14, T19S, R22E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3536' GL, 3553' KB(NOTE: Report results of multiple completion or zone  
change on Form 9-330.)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.)\*

Set retrievable bridge plug at  $\pm 10,920'$ . Load hole with  
produced water and run Compensated Neutron, Thermal Decay  
Time and CBL logs. Perforate 1 JSPF at intervals selected  
after logs are run, and place well on production. Desired  
beginning of work is December 1, 1986.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Thy 4/1/86TITLE Prod. Supt.DATE Thy 4/1/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE 12.6.86

CONDITIONS OF APPROVAL, IF ANY: