

RECEIVED 9-331
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O. C. D.

ARTESIA, OFFICE

Driller ID
ARTESIA, NM 88310

Form Approved.
Budget Bureau No. 42-R1424

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
79705
3300 North "A", Bldg. 8, Suite 100 Midland, TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' INL & 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) *Csg. Test*

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

APR 08 1985

(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.)*

~~We would like to hold this lease for recompletion or secondary recovery.~~

We are testing the casing by April 20, 1985 by the following method:

1. Have tubing and production casing loaded with inert fluid, prior to test date.
2. Pressure test annulus to 500# for 15 minutes.
3. Have continuous recording pressure chart with maximum 2 hour clock.
4. Have man power and truck for pressure test.
5. Have well head prepared for test.

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

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

SIGNED *Margaret S. Sengold* TITLE *Production Analyst* DATE *4/5/85*

(This space for Federal or State office use)

APPROVED BY *S. Mark Jones* TITLE _____ DATE *5-16-85*

CONDITIONS OF APPROVAL, IF ANY: *CS*