

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  
3300 North A Building A, Midland, TX 79705  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FWL & 1980' FNL  
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) Shut-In TA

SUBSEQUENT REPORT OF:

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5. LEASE  
NM0428657  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Arco Federal  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Winchester-Morrow  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Unit E T-19-S, R-28-E  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3313' GL

(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.)\*

Due to curtailment by the purchaser (El Paso Natural Gas) permission is requested to shut-in this lease for a twelve month period. Please note this is a one well lease, which produces in economic quantities when allowed by the purchaser. Drainage is not anticipated as the two nearest offsets are shut-in and the other wells in the field are curtailed. (See attachments). Please advise of shut-in royalty provisions for this one year period if applicable.

APPROVED FOR 12 MONTH PERIOD  
ENDING 10/15/87

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

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

SIGNED C. M. Bloodworth TITLE District Engineer DATE 10/07/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE 10-16-86