UNITED STATES

5. LEASE SF-078357
6 IF INDIAN ALLOTTEE OF TRIBE MANE

DEPARTMENT OF THE INTERIOR	SF-078357	
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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.)	7. UNIT AGREEMENT NAME	
1. oil gas well other	8. FARM OR LEASE NAME Marshall 'B' 9. WELL NO.	
2. NAME OF OPERATOR Damson Oil Corporation	1 10. FIELD OR WILDCAT NAME	
3. ADDRESS OF OPERATOR Box 4391, Houston, Texas 77210 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1650 FSL, 990 FFL AT TOP PROD. INTERVAL: Same	South Blanco PC 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T27N, R8W, NMPM 12. COUNTY OR PARISH 13. STATE San Juan New Mexico	
AT TOTAL DEPTH: Same 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15: ELEVATIONS (SHOW DF, KDB, AND WD) 6063 GL	
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 REPAIR OF SUBSEQUENT SUBSEQUENT REPAIR OF SUBSEQUENT REPAIR OF SUBSEQUENT SUBSEQUENT SUBSE	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally or iled, give subsurface locations and	
The name of the operator is changed as	follows:	
FROM: Petroleum Corporation of Texas, Box	911, Breckenridge, TX 76024	
TO: Damson Oil Corporation		
Subsurface Safety Valve: Manu. and Type	Set @ Ft	
18. I hereby certify that the foregoing is true and correct	_	
SIGNED A. K. Serring TITLE Regulatory En	cineesate February 1, 1983	

ACCEPTED FOR PECORD

*See Instructions on Reverse Side

(This space for Federal or State office user

SEP 15 1983

Finally Commession of AREA

_____ DATE ____

NMOCC

__ TITLE _

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: