

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 COMPANY
3. ADDRESS OF OPERATOR C/O Walsh Engr. & Prod. Corp.
P.O. Drawer 419 Farmington, N.M. 87499
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 850'FSL, 1850'FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Resume Production</u>		

5. LEASE
NM-011803
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Marshall "B"
9. WELL NO.
1-C
10. FIELD OR WILDCAT NAME
So. Blanco PC
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 14-T27N-R9W
N.M.P.M.
12. COUNTY OR PARISH 13. STATE
San Juan N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6076'GR

(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.)*

Well Shut In - 9/20/84
Turned Back On - 1/5/85

Well off more than 90 days.

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

FOR: DAMSON OIL COMPANY
18. I hereby certify that the foregoing is true and correct
ORIGINAL SIGNED BY Walsh Engr. &
SIGNED Ewell N. Walsh PE TITLE Prod. Corp. DATE ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: