Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
SF-047039 (B)

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

8. FARM OR LEASE NAME
Day "J"

1. oil well ☐   gas well ☒   other

9. WELL NO.
3-J

2. NAME OF OPERATOR
DAMSON OIL COMPANY

10. FIELD OR WILDCAT NAME
Fulcher Kutz P.C.

3. ADDRESS OF OPERATOR C/O Walsh Engr. & Prod.
P.O. Drawer 419, Farmington, N.M. 87499

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8-T28N-R10W
N.M.P.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 790'FSL, 790'FEL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

12. COUNTY OR PARISH San Juan

13. STATE N.M.

14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5789'GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

JAN 04 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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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 - 7/3/84
Turned Back On - 1/3/85

Well was 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

SIGNED Ewell N. Walsh, PE   TITLE Walsh Engr. & Prod. Corp.   DATE   ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE   JAN 0...

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY _____

*See Instructions on Reverse Side

NMOCC