

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Expires August 31, 1985

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Damson Oil Corporation		8. FARM OR LEASE NAME Southern California Federal
3. ADDRESS OF OPERATOR 3300 North "A", Bldg. 8, Suite 100, Midland, Texas 79705		9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT West Lusk Delaware
14. PERMIT NO. N/A		11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec. 29, T19S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3,556' GR		12. COUNTY OR PARISH Lea
		13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)

Prep to treat for sulfate scale as follows:

Conditioner Stage:

- 1) GIH w/2-3/8" tbg & 5-1/2" pkr to $\pm 6,450'$.
- 2) RIH w/sand line. Spot control valve set @ correct hydrostatic pressure.
- 3) Retrieve sand line & tst operation of spot valve w/completion wtr.
- 4) Pmp 750 gals Petro-Sol X-25.
- 5) Displace 1/2 bbl Petro-Sol X-25 thru spot valve across perms w/completion wtr.
- 6) Raise pkr & set @ $\pm 6,370'$.
- 7) Displace remaining Petro-Sol X-25 out of tbg to spot valve w/completion wtr.
- 8) SI 24 hrs.
- 9) Swab tbg down. Retrieve valve & recover load.

Acid Stage:

- 1) RU via csg.
- 2) Load csg & press 500# - test lines.
- 3) RU via tbg & acidize w/1500 gals w/7-1/2% NE FE @ 3-5 BPM.
- 4) Flush w/25 bbls completion wtr.
- 5) SI ± 30 min.
- 6) Recover load.

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

SIGNED D. R. Craig
D. R. Craig

TITLE District Engineer

DATE 11/2/88

(This space for Federal or State office use)

APPROVED BY ORIG. SPO. TAG. GIRI
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 11-29-88

*See Instructions on Reverse Side

RECEIVED
NOV 3 11 05 AM '88
CARLOS
AREA