Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-5980

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL [X]   GAS WELL [ ]   OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Dome Petroleum Corporation

8. FARM OR LEASE NAME

Federal 21

3. ADDRESS OF OPERATOR   c/o Minerals Management Inc.

501 Airport Dr., Suite 105, Farmington, N.M. 87401

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

10. FIELD AND POOL, OR WILDCAT

Undesignated Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

2310' FSL, 2310' FWL, SEC. 21, T20N, R5W

SEC. 21, T20N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6775' GR   6787' KB

12. COUNTY OR PARISH | 13. STATE

McKinley | N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF [ ]
FRACTURE TREAT [ ]
SHOOT OR ACIDIZE [ ]
REPAIR WELL [ ]
(Other)

PULL OR ALTER CASING [ ]
MULTIPLE COMPLETE [ ]
ABANDON* [ ]
CHANGE PLANS [ ]

SUBSEQUENT REPORT OF:

WATER SHUT-OFF [ ]
FRACTURE TREATMENT [ ]
SHOOTING OR ACIDIZING [ ]
(Other) Change in Operator [X]

REPAIRING WELL [ ]
ALTERING CASING [ ]
ABANDONMENT* [ ]

(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.) *

Former Operator:

Filon Exploration Corporation
c/o Minerals Management Inc.
501 Airport Dr., Suite 105
Farmington, New Mexico 87401

Revised Designation of Operator is in the process of execution and
will be furnished when completed.

SEP 16 1976
OIL CON. COM.
DIST. 3

327-4441

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

SIGNED _____

TITLE Area Manager
Minrerals Management Inc.

DATE 9-8-76

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side