

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. N00-C-14-20-5377	
2. NAME OF OPERATOR Dome Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted	
3. ADDRESS OF OPERATOR %Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME Navajo Allotted 15	
2310' FSL, 2000' FWL, SEC. 15, T19N, R5W		9. WELL NO. 3	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6659' GR 6571' KB	10. FIELD AND POOL, OR WILDCAT Undesignated Entrada	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 15, T19N, R5W	
		12. COUNTY OR PARISH McKinley	13. STATE N.M.

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <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 checked="" type="checkbox"/> Production Casing	

(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.)\*

3-12-77 Ran 5330' 7"-23# K-55 ST&C CSG. Set @ 5342' KB. Cemented 1st stage w/380 sx 65-35 Pozmix w/12% gel, 10# Gilsonite/sx followed w/100 sx Class "B" w/10% salt and 1/2% Friction Reducer.

Cemented 2nd stage w/370 sx 65-35 Pozmix w/12% gel, 10# Gilsonite/sx followed w/50 sx Class "B". Circulated cement on both stages.

CONFIDENTIAL



RECEIVED

MAR 15 1977

U.S. GEOLOGICAL SURVEY

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

SIGNED T. A. Arnold, Jr.

Area Manager  
Minerals Management Inc. DATE 3-14-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side