

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N00-C-14-20-5377

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Allotted 15

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Papers Wash Entrada

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

SEC. 15, T10N, R5W
NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

N.M.

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 ☐ GAS ☐ OTHER ☐ Water Disposal

2. NAME OF OPERATOR

Dome Petroleum Corp.

3. ADDRESS OF OPERATOR Minerals Management Inc., Suite 105,
501 Airport Drive, Farmington, New Mexico 87401

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

890' FSL, 1650' FWL, SEC. 15, T19N, R5W

14. PERMIT NO.

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

6553' GR, 6565' KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Initial Water Disposal

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Injection of produced water was initiated into this well on March 21, 1978.

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

SIGNED

TITLE

Area Manager

Minerals Management Inc.

DATE 3-23-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side