

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
DOME PETROLEUM CORP.
3. ADDRESS OF OPERATOR 501 Airport Drive,  
Suite #114, Farrington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 890' FSL, 1650' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

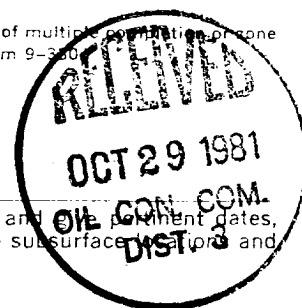
- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
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5. LEASE  
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 OR WILDCAT NAME  
Papers Wash-Entrada
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15, T19N, R5W NMPM
12. COUNTY OR PARISH 13. STATE  
McKinley New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6553' GR, 6565' KB

(NOTE: Report results of multiple perforations or zone change on Form 9-330)



17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and 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.)\*

Perforated Gallup Formation from 3110' to 3157', 3030' to 3050', and 2925' to 2995' with 2 1/8" Hyper Jet Steel Carrier Gun. 1 shot per foot. Acidized perforations with 1500 gals. 15% HCL. Treating pressure 625 psi. at 4.2/bbl. per min.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED H. D. Hollingsworth TITLE Area Prod. Supt. DATE October 20, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

\*See Instructions on Reverse Side

NMOCC

*HDP*