

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Dome Petroleum Corporation	8. FARM OR LEASE NAME Navajo Allotted 15
3. ADDRESS OF OPERATOR %Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401	9. WELL NO. 6
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	10. FIELD AND POOL, OR WILDCAT Papers Wash Entrada
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 15, T19N, R5W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6553' GR, 6565' KB	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:

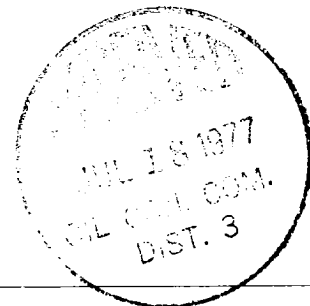
WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Production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

7-1-77 Ran 119 jts, 7" (1870') 23# and (3459') 20#, K-55 ST&C casing set at 5342' KB. Cemented first stage w/485 sx 65/35 Poz, 6% gel, 10# Gilsonite/sx followed w/100 sx Class "B", 10% salt, 3/4% CFR-2. Bumped plug at 3:30 a.m. Set Lynes external casing packer at 2756'. Opened DV tool at 2669' and circulated cement. Cemented second stage w/475 sx 65/35 Poz, 6% gel, 10# Gilsonite/sx followed w/50 sx Class "B", 10% salt. Bumped plug at 8:15 a.m. Circulated cement.

CONFIDENTIAL



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

SIGNED

Area Manager
TITLE Minerals Management Inc. DATE 7-5-77

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE