6. IF INDIAN, ALLOTTEE OR TRIBE NAME

5. LEASE

New-0-14-20-5379

UNITED STATES

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

	NAVAJO ALLOTTED
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1 -11	NAVAJO ALLOTTED 16
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	1 පුමුරිනු ව විශ්ල
DOME PETROLEUM CORP.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive	Papers Wash = 12 = 15.
Suite 107, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OF
below.)	Sec. 16, T19N, R5W
AT SURFACE: 2310' FSL, 330' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	M ^C Kinley New Mexico
	14. API NO. 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DE KDB, AND WD
REPORT, ON CONER DAMA	6591 GR. T. T. T. T. T. T.
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	\$ 27 U EQES
TEST WATER SHUT-OFF U	
FRACTURE TREAT	(Page 1986)
REPAIR WELL	(NOTE: Report results of multiple completion or zon
PULL OR ALTER CASING U MULTIPLE COMPLETE	change ongrāfin 9-330.) 다 가 없는 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다
CHANGE ZONES	Album Am a mar am a mar an al mar rad mar
ABANDON* U (other) Surface Reclamation	topa the body of t
	<u> </u>
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d	irectionally drilled, give:subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)* and object to the work.)
	프랑린당 그 씨는 그를
9/12/78 - All excess pits have been backfilled a	The problem is the popular of a production and the popular of the production of the
It is ready for inspection.	
A Section 1	
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	rous not be trous not be trous not be trous not be the elds. Since the elds of
noi	Heave of the control
	ONE CONTRACTOR CONTRAC
Subsurface Safety Valve: Manu. and Type	<u>) () </u>
18. I hereby certify that the foregoing is fryed and correct	
SIGNED T (Indexand) TITLE Operations Man	10-2-7853 6535
THE OF HISTORY	
(This space for Federal or State off	그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그
APPROVED BY TITLE	DATE TO THE STATE OF THE STATE
CONDITIONS OF APPROVAL, IF ANY:	DER EI VEN

*See Instructions on Reverse Side