UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

	5. LEASE	- : - <u>-</u>	**		
	N.M	7510-B		" < :"	
	6. IF INDIAN	ALLOTTEE (OR TR	BE NAME	
			5		
	7. UNIT AGR	EEMENT NA	ME.	5 % T 5 % T	
ıt		- 585 <u>6</u>	foe	<u>-</u> ₩5	
		LEASE NAMI	E 8	i di Dila	
	FEDER	AL 22A	Ę	asibni alqqr aloca	
	9. WELL NO.		بن	고 일 은 13 년 18	
	2	<u> </u>	<u> </u>	letid, b letidt, c summer regar	
	10. FIELD OR		AMÉ.	1966 1981 1981	
		_ 53°€		<u> </u>	
		R., M., OR BI	_K.≱N		OR
7	AREA	00 5 5	ب ر _م ب	្រីដូច ទើនសាសា	Mr.
	Sec.	22, 1191	v, =K	W 3 INPLE	<u></u>
	12. COUNTY O			TATE: Mexico	
	M ^C Kinley	, <u>6,9,9,5,1</u>	New	Hexico	
_	14. API NO.		. ≘		
•		<u>;~;+</u> =_	-	<u> 1972</u>	
	15 . ELEVATIO 6617 (NS (SHOW	DF, K	DB, AND	WD)
	6617				
			₹ (*	11 67 64 75 64 75	
			۵	病옷점엽	
			Ė		
	(NOTE: Report	results of mul	tiple co		zone
	cnange	on Form 9–3	30.)	portue y lle bolq: bus no bolq: bus not t bold: bus not t	N.
	t:		<u> </u>	독돌창문	70
	į.	표합되는	Ξ	말 = 200	7
	-	플링트웨	5		Ė
	<u></u>	E 5 6 7	Ξ.		
at	e all pertinent d	etails, and	give p	ertinent d	ates,
ď	irectionally drille	d, give subs	urface	locations	and
er	t to this work.)*	6 5 E	Ţ	<u> 함호</u> 현	
			=	[5 E = 3]	
meleded hese a consideration year and hese a consideration of a consideration year and the statement of the					ded.
		7 / D	Ē	ڲڎٛۄٙڐۣ	
			Ē	발트높육	
		10 S S S S S S S S S S S S S S S S S S S	2	<u>그림을 받</u>	
			ç	医细胞管	
		農利運が見	÷		
		7345	÷	12 T D	
		异尼亚尼省	<u> </u>	ోర్ క్లో స్టేజ్ఞ	
		or those, exclusion to the second to the sec	4	[왕 전] (F)	
		ricgor from, instructions base grossing standard block (all garders vice to the made after the control of	स्य (क्रम्साहरून)क्षाक्ति । स	10 COMP 10 COM	

	경험실육 및 유럽의
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 B CARD
1. oil gas	
well well other DRY HOLE	9. WELL NO. 44 50 50 11 11 10 15 15 15 15 15 15 15 15 15 15 15 15 15
2. NAME OF OPERATOR	2 वृष्टित क हैं है कि
DOME PETROLEUM CORPORATION	10. FIELD OR WILDCAT-NAME
3. ADDRESS OF OPERATOR 501 Airport Drive	ात कर्म जिल्ला के जिल्ला जिल्ला के जिल्ला के
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
Suite 107, Farmington, N.M. 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	ARFA OBEE 3 BUR
	Sec. 22,5 T19N, R5W 5 NMPM
below.) AT SURFACE: 2100' FSL, 2250' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	McKinley 5355 New Mexico
AT TOTAL DEPTH:	
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<u> </u>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
AUDOFAUTUR DEPORT OF	6617 GR판용불구 를 판출공공
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	한다일하는 음식 그 상황을
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	
MULTIPLE COMPLETE	
CHANGE ZONES	
ABANDON*	Zhoizaru ontos ja ll oligos a oligos a nat mobila nat mobila to oligo do to sontia oligos do to sontia
(other) Surface Reclamation	And Anderson
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates, lirectionally drilled pive-subsurface locations and
measured and true vertical depths for all markers and zones pertiner	nt to this work.)* अ है हैं है है है है
,	
a taken and a second and the second has been been been been been been been bee	ack filled, cleaned, and reseeded
9/5/78 - The Federal 22A #2 Location has been be	**** *******
It is ready for your inspection.	Ag of all sections to another the control individual in
	CF air and an air
	Confidential of the property o
	and the state of t
	Property of the control of the contr
	ad for adua to had a solution of the solution
	ing with an with an work of the work of th
	works ben to be the control of the c
Subsurface Safety Valve: Manu. and Type	Set @ 7 3 2 3 5 6 7 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Cultivisters Cafeby Volum Monty and Typo	Set @ Ft.

(This space for Federal or State office use)

_ TITLE __

TITLE Operations Manage BATE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

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

מוא אווי סמוסנו

ins or ear

12 S C

9/20/78

*See Instructions on Reverse Side