

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 ☐ DRY HOLE2. NAME OF OPERATOR  
DOME PETROLEUM CORPORATION3. ADDRESS OF OPERATOR 501 Airport Drive  
Suite 107, Farmington, New Mexico 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 2100' FSL, 2250' FEL  
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) SURFACE RECLAMATION

## SUBSEQUENT REPORT OF:

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5. LEASE

NM 7510-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL 22A

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

WILDCAT- ENTRADA

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

SEC. 22, T19N, R5W

12. COUNTY OR PARISH 13. STATE

MCKINLEY

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6617 GR

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

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.)\*

The Federal 22A #2, located in Sec. 22, T19N, R5W, has been restored in accordance with your letter of July 11, 1979.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Set @

Ft.

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

SIGNED H.D. Hollingsworth TITLE DRILLING FOREMANDATE September 5, 1979

(This space for Federal or State office use)

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