

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER	
2. NAME OF OPERATOR <u>Dome Petroleum Corporation</u>	
3. ADDRESS OF OPERATOR <u>%Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>930' FSL, 520' FWL, SEC. 21, T20N, R5W</u>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6785' GR, 6797' KB</u>

5. LEASE DESIGNATION AND SERIAL NO. <u>NM 5980</u>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME <u>Federal 21-20-5</u>	
9. WELL NO. <u>3</u>	
10. FIELD AND POOL, OR WILDCAT <u>Ojo Encino - Entrada</u>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 21, T20N, R5W NMPM</u>	
12. COUNTY OR PARISH <u>McKinley</u>	13. STATE <u>N.M.</u>

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"/>		<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"/>	<u>Spud & Set Surface Casing</u>	<input checked="" type="checkbox"/>
(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.)*

10-16-77 Spudded 13 1/4" hole at 4:30 p.m.

Ran 5 jts (192') 9 5/8", 36#, K-55, ST&C casing set at 204' KB.
Cemented w/200 sx Class "B", 2% CaCl. Plug down at 11:00 p.m.
Circulated cement.

10-17-77 Tested casing to 500 psi, 30 minutes--OK.

CONFIDENTIAL



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

SIGNED

Area Manager

TITLE Minerals Management Inc. DATE 10-17-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: