

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 5980

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 21-20-5

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Ojo Encino

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

SEC. 24. T20N, R5W

NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

N.M.

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 ☐ GAS WELL ☐ OTHER Water Disposal

2. NAME OF OPERATOR

Dome Petroleum Corp.

3. ADDRESS OF OPERATOR % Minerals Management Inc., Suite 105,
501 Airport Drive, Farmington, New Mexico 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

930' FSL, 520' FWL, Sec. 21, T20N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6785' GR, 6797' KB

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Initial Water Disposal

(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.)*

Injection of produced water was initiated into this well on March 21, 1978.

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

Area Manager
Minerals Management Inc.

SIGNED

TITLE

DATE 3-23-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side