UNITED STATES SUBMIT IN TRIPLICATE® Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO.

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6.	lF	IN	DΙ	A N	ī,	ALI	OTTEE	OR	TRIBE	NAM	E

GEOLOGICAL SURVEY					
SUNDRY	NOTICES	AND	REPORTS	ON	WELLS

Use "APPLICATION FOR PERMIT—" for such proposals.)	
OIL GAS OTHER Dry Hole	7. UNIT AGREEMENT NAME
NAME OF OPERATOR	8. FARM OR LEASE NAME
Dome Petroleum Corporation	Federal 24-21-6
ADDRESS OF OPERATOR & Minerals Management Inc., Suite 105,	9. WELL NO.
501 Airport Drive, Farmington, New Mexico 87401	1
LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface	Wildcat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
	SEC. 24, T21N, R6W
330' FSL, 2310' FWL, SEC. 24, T21N, R6W	NMPM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6917' GL, 6929' KB

NMPM 13. STATE 12. COUNTY OR PARISH Sandoval

N.M.

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 CASI FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)	REPAIRING WELL ALTERING CASING ABANDONMENT*	
(Other)		(Nore: Report results of m 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.) *

Operator proposes to abandon well as follows:

Plug No.	<u>Interval</u>	<u>Length</u>	Sacks Cement
1	6550'-6400'	150'	55
2	5510'-5360'	150'	55
3	4190'-4040'	150'	55
4	1800'-1650'	150'	55
5	525'- 375'	150'	55
6	250'- 175'	75 '	35
7	30'- 0'	30!	10

Telephone approval received at 4:10 p.m., January 2, 1978, from Mr. J. W. Long.

CONFIDENTIAL oing is true and correct 18. I hereby certify that the Area Manager TITLE Minerals Management Inc. DATE SIGNED (This space for Federal or State office use) DATE APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:

JAN

U. S. GEOLOGICAL SURVEY DURAMAO, COLO.

5 1978