

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 ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
DOME PETROLEUM CORP.

3. ADDRESS OF OPERATOR 501 Airport Drive,
Suite 114, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17
below.) 1545 N 1730 W
AT SURFACE: 1820' PSL, 1570' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

Other: Spud & Set Surface Casing

5. LEASE
NOO-C-14-20-5382

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Navajo 17-22-7

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Rusty Chacra Extension

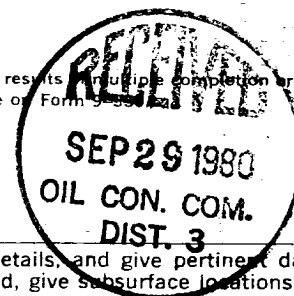
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 17, T22N, R7W

12. COUNTY OR PARISH 13. STATE
Sandoval New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6801' GR

(NOTE: Report results for multiple completion or zone
change on Form 9-331-C)



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.)*

Spudded 12 1/4" hole at 2:00 p.m., 9/19/80. Drilled to 142'. Ran 3 jts. (138')
8 5/8", 24#, K55, ST&C Casing. Casing landed at 140' GL. Cemented with 100 sacks
Class "B" Cement with 2% CaCl. Plug down at 9:00 p.m., 9/19/80. Circulated cement.

RECEIVED

SEP 25 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED [Signature] TITLE Drig. & Prod. Foreman DATE September 23, 1980
H. D. [Signature]

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

BW

NMOCC