

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 G-331-C for such proposals.)

1. oil ☐ gas ☒ other ☐
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: 1920' FSL, 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) Run Production Casing

5. LEASE

NOC-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 DE, KDB, AND WD)

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

Ran 48 jts. (1936') 4½", 10.5#, K55, ST&C Casing. Casing landed at 1920' GL.
Cemented with 150 sacks 65/35 Pozmix, with 6% gel, and 10# Gilsonite/sx.
Followed with 100 sx. Class "B" Cement with 2% CaCl. Plug down at 2:45 p.m.,
9/23/80. Circulated cement.

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

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

SIGNED H. D. Hollenhorst TITLE Drlg. & Prod. Foreman DATE September 24, 1980

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

MOCCO