

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

2. NAME OF OPERATOR

Dome Petroleum Corp.

3. ADDRESS OF OPERATOR 501 Airport Drive,
Suite 107, Farmington, New Mexico 874014. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1470' FSL, 1820' FWL. Sec. 20-22N-R7W
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) Change of well name

5. LEASE N.M. 7262	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Dome Federal 20-22-7	
9. WELL NO. 2	
10. FIELD OR WILDCAT NAME Rusty Chacra Extension	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Section 20, T22N, R7W	
12. COUNTY OR PARISH Sandoval	13. STATE New Mexico
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6711 GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Dome Petroleum Corp. requests permission to change the well name from Federal 20-22-7 Well No. 2 to Dome Federal 20-22-7 Well No. 2.

This has been requested by the New Mexico Oil Conservation Commission.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED J. Arnold Snell TITLE Operations Mgr. DATE November 8, 1978

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side