TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE

PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

REPAIR WELL

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NOO-C-14-20-5555 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Allotted
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME Dome Navajo 3-22-7
well well other	9. WELL NO.
2. NAME OF OPERATOR Dome Petroleum Corp.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Wildcat
1625 Broadway, Suite 2900, Denver, CO 80202 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T22N, R7W
AT SURFACE: 1660' FSL, 1980' FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE New Mexico
AT TOTAL DEPTH: - 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO. 30-043-20449
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	

NTL-2B (Disposal of Produced Water) 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.)*

In compliance with NTL-2B please be advised that the subject well does not produce any water.



(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

OIL CON. DIV.

DIST 3 Ft. Subsurface Safety Valve: Manu. and Type. 18. I hereby certify that the foregoing is true and correct TITLE Production EngineepATE _ SIGNED (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL IF ANY: