UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Budget Bu	reau No	5. 42- 11 424
5.	LEASE	_	<u> </u>
	N.M. 17774		i. 2
6.	IF INDIAN, ALLOTTEE OR	TRIBE	NAME
7.	UNIT AGREEMENT NAME	-	

301	TOILI	1101	ICLU	AIND	111	OILIO	OIT	IILLLO	'	
(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	<u></u>	gas	C-7							

CHANDOV MOTICES AND REPORTS ON WELLS

8. FARM OR LEASE NAME DOME FEDERAL 11-20-2

well 🔯 2. NAME OF OPERATOR

9. WELL NO. رھ

10. FIELD OR WILDCAT NAME

DOME PETROLEUM CORPORATION 3. ADDRESS OF OPERATOR 501 Airport Drive,

Wildcat

Suite 107, FARMINGTON, NEW MEXICO 87401 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

other

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 11, T20N, R2W

below.) 2200' FWL, 500' FSL AT SURFACE:

12. COUNTY OR PARISH 13. STATE

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

SANDOVAL NEW MEXICO 14. API NO.

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

15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT

SUBSEQUENT REPORT-OF: --

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

SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON*

Change in Well Name.

(other) 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.)*

S. C. DIDCACAL SULA

, 43.14NA-ON, N. M.

Please change well name from DOME FEDERAL 11-20-2 #1 to DOME FEDERAL 11-20-2 #2.

APPROVED

MAR 12 1980

CARL A. BARRICK ACTUO DISTRICT ENGINEER

U. S. GEOLOGICAL SURVEY DURANGO, COLO.

_ Set @ __

Subsurface Safety Valve: Manu. and Type ___

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

3/8/80

(This space for Federal or State office use)

TITLE ____Foreman

_ TITLE .

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE

al Zuch

*See Instructions on Reverse Side

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