

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 well ☐ gas well ☐ other ☒ Dry Hole
-
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.)
AT SURFACE: 2200' FWL, 500' FSL
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 | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> Surface Re |

~~Surface Reclamation~~

Notice of Seeding X

RECEIVED

ADD 1

U. S. ECOLOGICAL SURVEY
WASHINGTON, D. C.

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

RECEIVED
AUG 27 1957
OIL CON. COM.
DIST. 3

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.)*

The surface reclamation on the above location has been completed and is ready for inspection. The pits have been backfilled, location cleaned up, contoured to conform to surrounding terrain, reseeded in compliance with BLM stipulations.

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

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

SIGNED H. D. HOLINGSWORTH TITLE Dir. & Prod. Foreman DATE Aug. 12, 1981

(This space for Federal or State office use)

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

AUG 26 1981

*See Instructions on Reverse Side

~~FARMINGTON DISTRICT~~

BY KS

NMOC