

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 ☐

2. NAME OF OPERATOR
DOME PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR 501 Airport Drive
Suite 107, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310 FSL, 1900 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) ADDITIONS TO APD		

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.)*

1. The BOP pipe rams will be checked daily. The blind rams will be checked on trips.
2. The grade of the proposed casing strings is H-40 & K-55.
3. The type of cement used on production string: 2 stage (circulated) 65/35 Pozmix with 6% gel & 10# Gilsonite/sk, followed with class B cement with 10% salt.
4. Oil is expected in the Entrada. All other formations are probably water bearing.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED H. D. Hollingsworth TITLE DRLG & PROD FOREMAN DATE February 8, 1980
H. D. HOLLINGSWORTH

(This space for Federal or State office use)

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

5. LEASE
NM 17774

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DOME FEDERAL 14-20-5

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WILDCAT

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
SEC. 14, T20N, R2W

12. COUNTY OR PARISH
SANDOVAL

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DE KDB AND WD)
6767 GR

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