

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL:		OIL WELL ☐	GAS WELL ☐	DRY ☒	Other _____		
b. TYPE OF COMPLETION:		NEW WELL ☒	WORK OVER ☐	DEEP-EN ☐	PLUG BACK ☐	DIFF. RESVR. ☐	Other _____
2. NAME OF OPERATOR DOME PETROLEUM CORP.						5. LEASE DESIGNATION AND SERIAL NO. NM 17774	
3. ADDRESS OF OPERATOR 501 Airport Drive, Suite 107, Farmington, New Mexico 87401						6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2310' FSL, 1900' FWL At top prod. interval reported below At total depth						7. UNIT AGREEMENT NAME	
14. PERMIT NO. _____ DATE ISSUED _____ U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.						8. FARM OR LEASE NAME DOME FEDERAL 14-20-2	
15. DATE SPUDDED 3/24/80						9. WELL NO. 1	
16. DATE T.D. REACHED 4/7/80						10. FIELD AND POOL, OR WILDCAT WILDCAT	
17. DATE COMPLETED (Ready to prod.)						11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA SEC. 14, T20N, R2W	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* 6767' GR						12. COUNTY OR PARISH SANDOVAL	
19. ELEV. CASINGHEAD 6767'						13. STATE NEW MEXICO	
20. TOTAL DEPTH, MD & TVD 6172'						21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*						23. INTERVALS DRILLED BY ROTARY TOOLS 0'-6172'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* NONE						25. WAS DIRECTIONAL SURVEY MADE NO	
26. TYPE ELECTRIC AND OTHER LOGS RUN DUAL INDUCTION LATEROLOG, FORMATION DENSITY/NEUTRON						27. WAS WELL CORED NO	
28. CASING RECORD (Report all strings set in well)							
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD		AMOUNT PULLED	
9 5/8"	32.3#	225'	13 1/2"	200 sacks circulated		none	
29. LINER RECORD						30. TUBING RECORD	
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
31. PERFORATION RECORD (interval, size and number) NONE						32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC. DEPTH INTERVAL (MD) AMOUNT AND KIND OF MATERIAL USED	
33.* PRODUCTION							
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				Producing or	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL CON. COM. (CORR.)	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)						TEST WITNESSED BY	
35. LIST OF ATTACHMENTS							

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED H. D. HOLDINGSWORTHTITLE Dr. lg. & Prod. ForemanAPR 17 1980
DATE

*(See Instructions and Spaces for Additional Data on Reverse Side)

NMOCG

M. L. Kuchera

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TOP	TRUE VERT. DEPTH
				Entrada	5928		
				Todilto	5910		
				Morrison	5113		
				Dakota	4950		
				Greneros	4812		
				Greenhorn	4697		
				Gallup	3543		
				Mancos	2755		
				P. Lookout	2533		

38. GEOLOGIC MARKERS