THEED CEATER

			Form Attitues Budget Bursel, No	11-R1424
5. LE	ASE			
	NM (6678		

J. MILED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 6678
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME
1 oil	8. FARM OR LEASE NAME Dome Federal 28-23-6
well well a other	9. WELL NO.
2. NAME OF OPERATOR	
DOME PETROLEUM CORP. 3. ADDRESS OF OPERATOR 501 Airport Drive,	10. FIELD OR WILDCAT NAME Wildcat Sal.
Suite 107, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below.) 	AREA Sec. 28, T23N, R6W
AT SURFACE: 1660' FSL, 830' FEL	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,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	7210' GR
FRACTURE TREAT	
TEST WATER SHUT-OFF STRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING TO THE STATE OF THE STA	(NOTE: Report results of multiple completion or zone change on Form 9-330.)
CHANGE ZONES	in the
	The second second
(other) Run Production Casing	-
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent	rectionally drilled give substanting to the set
Ran 145 jts., 4½", 10.5#, K55, ST&C Casing. Cas	
Cemented 1st stage with 430 sacks 65/35 Pozmix w	
Followed with 300 sacks Class "B" with 10% salt.	Plug down at 12:22 p.m. 6/3/80.
Cemented 2nd stage with 455 sacks 65/35 Pozmix w	
Followed with 100 sacks Class "B" with 10% salt.	Plug down at 5:25 p.m. 6/3/80.
Rig released at $8:30 \text{ p.m. } 6/3/80.$	1111111
	201980
	WAY TO COM.
	OIL CON COM.
	Our DIST.
Subsurface Safety Valve: Manu. and Type	
18. Thereby certify that the foregoing is true and correct	
SIGNED TITLE Dr. La. & Prod. For	emandate 6/4/80
(This space for Federal or State offic	e use)
APPROVED BY	DATE CORPORATE CORP.
WALL IT ANY	ASSEPTED FOR RESORD

JUN 17 1980

*See Instructions on Reverse Side