

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 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: 1760' FWL, 980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 21455

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Federal 18-22-6

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Rusty Chacra Extension

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec. 18, T22N, R6W

12. COUNTY OR PARISH 13. STATE
Sandoval New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6923' GR

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) Run Production Casing		

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

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.)*

Ran 56 jts. (2300') 4½", 10.5#, K55, ST&C Casing. Casing landed at 2298' GR. Cemented with 175 sacks 65/35 Pozmix, 6% Gel, and 10# Gilsonite/sack. Followed with 125 sacks Class "B" Cement with 2% CaCl. Plug down at 5:00 a.m., 9/19/80. Circulated cement.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED H. D. Hollingsworth TITLE Drig. & Prod. Foreman DATE September 23, 1980

(This space for Federal or State office use)

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

SEP 26 1980

*See Instructions on Reverse Side

BY ASW

NM0001