## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

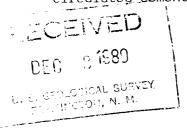
Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	N.M. 6676
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas well other	Dome Federal 29-22-6 9. WELL NO.
2. NAME OF OPERATOR	3
DOME PETROLEUM CORP.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive,	Rusty Chacra Extension
Suite 114, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 29, I22N, R6W
AT SURFACE: 1820' FNL, 850' FEL . AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Sandoval New Mexico
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
DECLIECT FOR ADDROVAL TO. CURCIONIST DEPORT OF	6977' GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF	
FRACTURE TREAT	

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

(other) Run Production Casing 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. (2220') 4岁", 10.5#, K55, ST&C Casing. Casing landed at 2220' G.L. Cemented with 175 sacks 65/35 Pozmix, with 6% Gel and 10# Gilsonite/sx. Followed with 125 sacks Class "B" Cement with 2% CaCl. Plug down at 12:30 a.m., 12/01/80. Circulated cement.



Set @

Subsurface Safety Valve: Manu. and Type \_

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

TITLE Drlg.&Prod.Foremanoate 12/01/80

\_\_\_ DATE .

(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY

ACCEPTED FOR REGULA

DEC 0 4 1980

\*See Instructions on Reverse Side

ARMINGTON DISTRICT