

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
1625 Broadway, Suite 2900, Denver, CO 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1120' FNL, 1535' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☒
(other)

SUBSEQUENT REPORT OF:

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OCT 1 1983

DEPT. OF LAND MANAGEMENT
FEDERAL RESOURCE AREA

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

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OIL CON. DIV.

DIST. 3

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.)*

Well is not capable of sufficient gas production to justify connection to a pipeline (stabilized test rate is 3 MCFD). There are no uphole zones that are possibly productive. Propose to plug and abandon well commencing during summer 1984 as follows:

- 1) Spot 560' cement plug (50 sx) from 1270-1270'.
- 2) Spot 200' cement plug (20 sx) from 200-0'.
- 3) Cut off casing and install dry hole marker.
- 4) Restore location.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert S. Kelley TITLE Sr. Prod. Engineer

DATE 10/13/83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE

OCT 20 1983

APPROVED

M. MULLENBACH
AREA MANAGER

*See Instructions on Reverse Side

NMDC