5. LEASE

## UNITED STATES DEPARTMENT OF THE INTERIOR

DEPARTMENT OF THE INTERIOR	N00-C-14-20-5360
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	Navajo Allotted
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil 😡 gas 🗀	Dome_Tesoro #23
well well other	9. WELL NO.
2. NAME OF OPERATOR	1
Dome Petroleum Corp.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR 501 Airport Drive,	Wildcat/Gallup
Suite 114, Farmington, New Mexico 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	Sec. 23, T22N, R7W
AT SURFACE: 1670' FSL, 690' FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Sandoval New Mexico
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	6775' GR
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	: _
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	Charge on Porni 9-330.)
change zones $\Box$ $\Box$ $\Box$ $\wedge$	On the second se
ABANDON*	189
(other) Spud & Set Surface Casing   U. S. GEOLOGICOM	A.,
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.	irectionally drilled, give subsurface locations and
Spudded 12¼" hole at 9:00 a.m., 10/30/80. Dr 24#, K55, ST&C casing. Casing landed at 240' Class "B" Cement with 2% CaCl. Plug down at cement.	K.B. Cemented with 200 sacks
	NOV 1 0 1980 OIL CON CON
Subsurface Safety Valve: Manu. and Type	Set ST. 3 Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED SHOULD SWORTH DITLE Drlg.&Prod.Fo	remar <sub>bate</sub> 11/03/80
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	

NMOCC

\*See Instructions on Reverse Side

