

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-Tesoro 22, #4
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: 850' FNL, 1700' FWL  
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) Cementing

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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☐  
☐  
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5. LEASE N00-C-14-20-5356  
~~N00-C-14-5356~~
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Navajo Allotted
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Dome-Tesoro 22
9. WELL NO.  
4
10. FIELD OR WILDCAT NAME  
Undesignated Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR  
AREA  
Sec. 22, T22N, R7W
12. COUNTY OR PARISH Sandoval 13. STATE New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6865' GR

(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.)\*

Cemented down annulus thru braden head with 150 sx. class "B" cement from  
750' to surface to seal off Ojo Alamo Sand. Job complete at 4:00 p.m.,  
5/07/81.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED H. D. Hollingsworth TITLE Drlg.&Prod.Foreman DATE May 8, 1981

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: