

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
3600 Southside River Rd., Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1660' FSL, 1650' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
N00-C-14-20-5355

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Tesoro 22

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Undesignated Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22-T22N-R7W

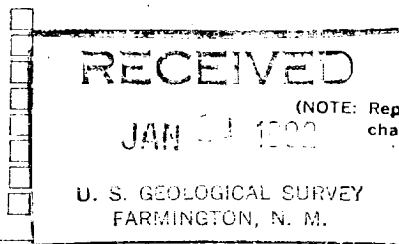
12. COUNTY OR PARISH | 13. STATE
Sandoval | New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6857' GR

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

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



(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.)*

Dome Petroleum Corp. requests an extension of the Application For Permit To Drill on the above well for 6 months.



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

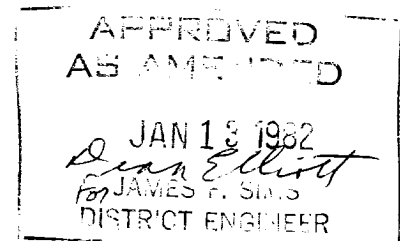
18. I hereby certify that the foregoing is true and correct

SIGNED H. D. Hollingsworth TITLE Area Prod. Supt. DATE January 8, 1982

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



NMOCC