

NEW MEXICO OIL CONSERVATION COMMISSION

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LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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 "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Dome Petroleum Corporation 3. Address of Operator %Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401 4. Location of Well UNIT LETTER B 990 FEET FROM THE North LINE AND 2310 FEET FROM East LINE, SECTION 20 TOWNSHIP 21N RANGE 8W NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 6554' GR, 6566' KB	7. Unit Agreement Name 8. Farm or Lease Name Santa Fe 20-21-8 9. Well No. 6 10. Field and Pool, or Wildcat Snake Eyes Entrada 12. County San Juan
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Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Spud & Set Surface Casing ☒
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

7-1-77 Spudded 13 1/4" hole at 9:00 p.m.

Ran 5 jts, 9 5/8" OD, 36#, K-55, ST&C casing set at 209' KB.
Cemented w/200 sx Class "B", 2% CaCl. Bumped plug at 4:45 a.m.,
7-2-77. Circulated cement.

CONFIDENTIAL

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE Area Manager DATE July 5, 1977
Minerals Management Inc.

Original Signed by A. G. Hendrick

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: