

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: 1750' FNL, 950' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

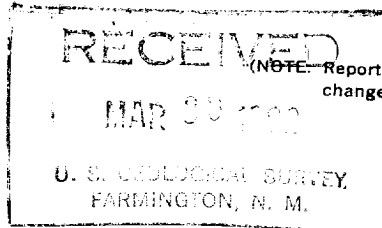
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Run Production Casing



5. LEASE  
N.M. 47164
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Dome Federal 34-24-7
9. WELL NO.  
3
10. FIELD OR WILDCAT NAME  
Escrito-Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 34, T24N, R7W
12. COUNTY OR PARISH  
Rio Arriba
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6883' GR

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.)\*

Ran 141 jts. 4½", 10.5#, K55, ST&C Casing. Casing landed at 5845' K.B. Cemented 1st. stage with 425 sacks 65/35 Pozmix w/6% Gel, 10# Gilsonite/sx. Followed with 250 sacks Calss "B" Cement w/10% salt. Plug down at 10:45 a.m., 3/28/82. Circulated 4 hours. Cemented 2nd stage with 575 sacks 65/35 Pozmix, 6% Gel, & 10# Gilsonite/sx. Followed with 50 sacks Class "B" Cement with 10% salt. Plug down at 3:45 p.m., 3/28/82. Circulated cement.

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

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

SIGNED H. D. Holzingsworth TITLE Area Prod. Supt. DATE March 29, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

NMOCC

APR 01 1982

\*See Instructions on Reverse Side

FARMINGTON DISTRICT  
BY Sm