UNITED STATES

DEPARTMENT OF THE INTERIOR

190 33020	
- RE 1193U	

- . . . ec F. r- i. sai No. 42-R0424

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 		*		

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Dome Federal 31-25-8

LI ANTINEMI OF THE	1111 2111011	114 - 12 - 14
GEOLOGICAL SUR	:VEY	6. IF INDIAN, ALLOTTEE OF TRIBE NAME

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 wel:	$\overline{\mathbf{x}}$	gas well		other			

2. NAME OF OPERATOR

- :--131

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Dome Petroleum Corp.

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: 1670' FNL, 1685' FEL AT TOP PROD. INTERVAL:

AT TOTAL DEPTH:

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)

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

SUBSEQUENT REPORT OF:

9. WELL NO.

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 31, T25N, R8W 12. COUNTY OR PARISH 13. STATE San Juan New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 6704' 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.)*

Propose to plug and abandon as follows:

X

Plug No.	Interval	Feet	Sacks Cement
1	6530-6430	100	- 10 kg 사 지원 등등 등 6 0 % 등
2	4620-4520	100	
3	2110-2010	100	60
4	1440-1340	100	60
5	275-175	100	60/
6	30-0	- 30	0.51.3 17
Clean location	, fence pits, and install	dry hole :	marker

Verbal approval received from Errol Becher at 7:00 p.m. on

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

Subsurface Safety Valve: Manu. and Type ____

TITLE Drlg. & Prod. Foreman DATE

Set @

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: TITLE

*See Instructions on Reverse Side

APPROVED

DISTRICT OIL & GAS SUPERMISOR

A Such