

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 <u>Dome Petroleum Corporation</u>
3. ADDRESS OF OPERATOR <u>80202 Suite 1500, Colorado Bank Bldg., Denver, CO</u>
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: <u>990' FWL & 1650' FSL</u> AT TOP PROD. INTERVAL: <u>same</u> AT TOTAL DEPTH: <u>same</u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) <u>Change of operator</u>	

5. LEASE NM-056022	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Fusselman Federal
9. WELL NO. 1	10. FIELD OR WILDCAT NAME Nipp Pictured Cliff
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 17, T20N, R12W	12. COUNTY OR PARISH San Juan
13. STATE New Mexico	14. API NO.
15. ELEVATIONS (SHOW DE KDB AND WD) 5963 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.)*

Dome Petroleum Corporation is the new operator as of November 1, 1977. Designation of operator from Kirby Exploration Company, Natural Gas Pipeline Company of America, and Aquitaine Oil Corporation will follow and be effective until lease assignments are completed.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Jack D. Cook TITLE Agent DATE 11-15-77

(This space for Federal or State office use)

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