

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 501 Airport Drive
Suite 107, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1190' FSL & 1850' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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) Spud & Set Surface	

5. LEASE NM 0560223

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Frew Federal

9. WELL NO. 13

10. FIELD OR WILDCAT NAME Nipp Pictured Cliff

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 29, T26N, R12W

12. COUNTY OR PARISH San Juan 13. STATE New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD) 6065 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.)*

Spudded 9 7/8" hole at 10:00 a.m. 3/19/79. Drilled to 50' Ran one joint (43') 7", 20#, K-55, R-3, ST&C casing. Casing at 47' K..B. Cemented with 35 sacks class "B" cement with 3% CaCl. Plug down at 1:30 a.m. 3/19/79. Circulated cement.

Subsurface Safety Valve: Manu. and Type

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

SIGNED H. D. Hoffingsworth TITLE Drilling Foreman DATE 3/23/79

(This space for Federal or State office use)

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

777MOCC