UNITED STATES DEPARTMENT OF THE INTERIOR

Budget Bureau No. 42-R14
5. LEASE
NM 0560223
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
<u>Frew Federal</u>
9. WELL NO. 10
10. FIELD OR WILDCAT NAME Nipp Pictured Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec 30, T26N, R12W
12. COUNTY OR PARISH 13. STATE San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6110' GR

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

GEOLOGICAL SURVEY	IF INDIAN, ALLOTTEE OR TRIBE NAME UNIT AGREEMENT 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			
1. pil gae	8. FARM OR LEASE NAME Frew Federal		
well well well other 2. NAME OF OPERATOR	9. WELL NO. 10		
Dome Petroleum Corp. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Nipp Pictured Cliff		
 501 Airport Dr., Suite 107, Farmington, NM 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1850' FNL & 790' FWL 	11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec 30, T26N, R12W		
AT SURFACE: 1000 FNL & 790° FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan New Mexico		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.		

ABANDON* (other) Proposed procedure changes 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.)*

SUBSEQUENT REPORT OF:

<u>Hole Size</u>	<u>Casing Size</u>	Weight	Setting Depth	Quantity Cement
8 3/4" or 9 7/8"	5 1/2" or 7"	15.5# or 20#	40'	35 sacks
4 3/4"	2 7/8"	6.5#	1300'	150 sacks

Spud 8 3/4" or 9 7/8" hole with native mud. Drill 45', run and cement 5 1/2" or 7" casing as above.

Drill 4 3/4" hole from under surface casing. If productive, run and cement

2 7/8" casing as above.

Subsurface Safety Valve: Manu. and Type __

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

דודגב Drilling Foreman י DATE December

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

_ TITLE _

*See Instructions on Reverse Side

× more