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

PULL OR ALTER CASING

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

(other)

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

UNITED STATES	Form Approved. Budget Bureau No. 42-R1424
	5. LEASE
DEPARTMENT OF THE INTERIOR	MM 0560223
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR 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.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME
1. oil gas	Frew Federal
Well - Other	9. WELL NO.
2. NAME OF OPERATOR	9
Dome Petroleum Corp.	10. FIELD OR WILDGAT NAME Fruit
3. ADDRESS OF OPERATOR	HIPP Pictured Cliff
501 Airport Drive, Suite 107, Farmington, NM 87401	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 30, T26N, R12W
AT SURFACE: 1850' FNL & 790' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE San Juan NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5086 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.)*

1-22-79 - Spudded 7 7/8" hole at 12:00 noon 1-22-79. Drilled to 41'. Ran 1 joint 39'

 $5\frac{1}{2}$ " OD., 15.50#, K55, ST&C Casing, casing landed at 43' KB. Cemented with 35 sacks Class

"B" cement with 3% CaCl. Circulated cement.

Spud & set surface

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

TITLE Drilling Foreman DATE

_ TITLE .

(This space for Federal or State office use)

11 0

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Subsurface Safety Valve: Manu. and Type

DATE

FEB -12 1279

See Instructions on Reverse Side