

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
Dome Petroleum Corp.

3. ADDRESS OF OPERATOR 1500 Colorado State Bank Bldg.
Denver, Colorado 80202

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1850' FSL and 1790' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

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) Change of Plans

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.
11

10. FIELD OR WILDCAT NAME
NIPP Pictured-Cliff

11. SEC., T., R., OR BLK. AND SURVEY OR AREA
Sec 30, 26N, 12W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

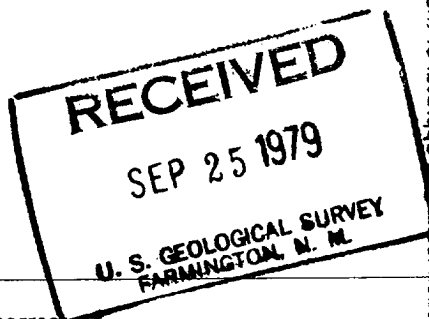
15. ELEVATIONS (SHOW DE KDB, AND WD)
6116 G.A.

(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.)*

Will install 6" series 900 double ram B.O. P. and test prod. to drill in/out.

Will set and cement 5 1/2" K-55 casing at 90' with 100 sacks of cement + 2% CaCl₂.



Subsurface Safety Valve: Manu. and Type

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

SIGNED C. D. Moore TITLE Agent DATE 9-21-79

(This space for Federal or State office use)

APPROVED BY C. D. Moore TITLE Agent DATE 9-21-79

CONDITIONS OF APPROVAL, IF ANY:

YMMOCC