

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 CORPORATION
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: 1850' FSL, 1790' 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) SPUD & SET SURFACE		

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 8 3/4" hole at 11:00 AM, 01/18/80. Drilled to 110' ban 3 joints (106') 5 1/2", 15.5# K-55 LT&C casing. Casing landed at 108' GL. Cemented w/ 35 sacks class "B" cement with 3% CaCl. Plug down at 4:45 PM, 01/18/80. Circulated cement.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

Ft.

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

SIGNED H. D. HOLLINGSWORTH TITLE DRLG & PROD FOREMAN DATE January 21, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMOCC

\*See Instructions on Reverse Side

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 WAW FRUITLAND-PICTURED CLIFF	
11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec. 30, T26N, R12W	
12. COUNTY OR PARISH SAN JUAN	13. STATE NEW MEXICO
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) 6116 GR	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

