

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  
501 Airport Drive, Ste 107, Farmington NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1190 FSL 1190 FEL  
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 | <input type="checkbox"/> | <input type="checkbox"/> |

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.)\*

Spud 9 7/8" hole at 11 am 3/25/79. Drld to 50'. Ran 1 jt 43', 7", 20# K-55, ST&C casing. Landed at 47' KB. Cement w/35 sx Class B w/3% CaCl. Plug Down at 11 am 3/26/79. Circ cement.

Confidential

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Albin L. B. TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(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 7787
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Dome Federal 14-26-13
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME New Fruit -  
NIPP Pictured Cliffs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 14, T26N, R13W
12. COUNTY OR PARISH 13. STATE  
San Juan New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
6093' GR

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

