Distribution: O+4	(BLM); 1-Well File			
Form 3160-5		UNITED STATES		FORM APPROVED
(June 1990)	DEPARTMENT OF THE INTERIOR			Budget Bureau No. 1004-0135
	BUREAU OF LAND MANAGEMENT		Expires: March 31, 1993	
				5. Lease Designation and Serial No.
D 4 41 .		TICES AND REPORTS ON WELLS		NM-7787
Do not use this		to drill or to deepen or reentry to ION FOR PERMIT-" for such propose		6. If Indian, Allottee or Tribe Name
	USE AFFLICAT	ION FOR PERMIT- 101 Such propos	5818	7. If Unit or CA, Agreement Designation
	SUE	BMIT IN TRIPLICATE		7. II Olik Or CA, Agreement Designation
1. Type of Well	_			
Oil Gas Well X Well Other				8. Well Name and No.
2. Name of Operator				Dome Federal 14-26-13 #1
	& GAS CORPORA	TION		9. API Well No.
3. Address and Telephone No. P. O. Box 840, Farmington, New Mexico 87499 (505) 327-9801				30-045-23301
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				10. Field and Pool, or Exploratory Area WAW Fruitland Sand P.C.
1190' FSL & 1190' FEL				11. County or Parish, State
Sec	ction 14, T26N, R1	3W		
01170				San Juan, New Mexico
		X(s) TO INDICATE NATURE (RT, OR OTHER DATA
ITPEC	OF SUBMISSION		TYPE OF ACTION	
Not	tice of Intent	X Abandonment	[Change of Plans
		Recompletion	<u> </u>	New Construction
X Sub	bsequent Report		<u></u>	-
<u></u>	Septem Report	Plugging Back	<u></u>	Non-Routine Fracturing
		Casing Repair		Water Shut-Off
Fina	al Abandonment Notice	Altering Casing	·	Conversion to Injection
		Other		Dispose Water
		_		(Note: Report results of multiple completion on Well
				Completion or Recompletion Report and Log form.)
 Describe Proposed or Cor give subsurface locati 	mpleted Operations (Clearly stations and measured and true vert	e all pertinent details, and give pertinent dates, tical depths for all markers and zones pertinent	including estimated date of st	arting any proposed work. If well is directionally drilled,
			•	
Per	r your January 27	, 1993 letter, this well was	s plugged out on	August 20, 1991.
Atta	ached is our appr	oved sundry to that effect	t.	93 H/M 1993. F
The	e surface rehabili	itation will be completed in	n the summer of	1993.
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			EIVEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		uu		ASOL, M
		MAR	1 8 1993	
		011 0	ON. L.V.1	MINISH MEDICAL MINISH
	10		IST. 3	
14. I hereby country that the fore	egoing is true and correct	0		
Signed Steven	S. Dunn	Title Operation:	s Manager Date	3/3/93
(This space for Federal or S	State office use)			
Approved by		Title	Date	ACCEPTED FOR RECORD
Conditions of approval, if any	у.			
-				1148 1 7 1002
itle 18 U.S.C. Section 1001, m or representations as to any ma	nakes it a crime for any person k atter within its jurisdiction	nowingly and willfully to make to any departme	ent or agency of the United Stat	es any false, fictitious or fraudulent statements
	,	*See Instru	ction on Reverse S	Ride FARMINGTON DISTRICT OFFICE
				/IUC ************************************

ACCEPTED FOR RECORD

10R 17 1993

SAKMINGTON BISTRICT OFFICE