

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 Dr., Suite 107, Farmington, NM
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 990' 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) <u>Run Production Casing</u> | |

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.)*

Drilled to 5216'. Ran 122 joints (5184') 4 1/2", 10.5#, K55, ST&C Casing. Casing landed at 5183' KB. Cemented first stage with 200 sacks 65/35 poz mix, with 6% gel, 10# Gilsonite/sacks. Followed with 50 sacks Class "B" with 10% salt. Plug down at 9:00 PM 2/5/79. Opened stage collar and circulated 4 hours. Cemented second stage with 985 sacks 65/35 pozmix with 6% gel, 10#, Gilsonite/sacks. Followed with 50 sacks Class "B" cement with 10% salt. Plug down at 2:41 AM 2/6/79. Circulated cement on both stages.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED H. D. Hallingsworth TITLE Drilling Foreman DATE 2-6-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

| | |
|--|-----------------|
| 5. LEASE Noo-C-14-20-2938 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo | |
| 7. UNIT AGREEMENT NAME | |
| 8. FARM OR LEASE NAME Dome Old Trading Post | |
| 9. WELL NO. 2 | |
| 10. FIELD OR WILDCAT NAME Bisti-lower Gallup | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15, T26N, R14W | |
| 12. COUNTY OR PARISH San Juan | 13. STATE NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) 6249 GR. | |

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

NMOC