

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	5. LEASE NM 31059
2. NAME OF OPERATOR DOME PETROLEUM CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 501 Airport Drive Suite 107, Farmington, New Mexico 87401	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1760' FNL, 1840' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME DOME FEDERAL 14-26-13
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 3
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF ☐ FRACTURE TREAT ☐ SHOOT OR ACIDIZE ☐ REPAIR WELL ☐ PULL OR ALTER CASING ☐ MULTIPLE COMPLETE ☐ CHANGE ZONES ☐ ABANDON* ☐ (other) <u>SPUD AND SET SURFACE CASING</u>	10. FIELD OR WILDCAT NAME WAW FRUITLAND-PICTURED CLIFF
SUBSEQUENT REPORT OF: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 14, T26N, R13W
	12. COUNTY OR PARISH SAN JUAN
	13. STATE NEW MEXICO
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6105

(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.)*

Spudded 8 3/4" hole at 12:00 noon, 06/27/79. Drilled to 46'. Ran 1 jt. 46', 7", 20#, K-55, ST & C casing. Casing landed at 42' GL. Cemented with 35 sacks class "B" cement with 2% CaCl. Plug down at 2:00 PM, 06/27/79. Circulated cement.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED H. D. HOLLISSWORTH TITLE DRILLING FOREMAN DATE June 30, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY _____

TITLE _____

DATE _____

*See Instructions on Reverse Side

NMOCC

