

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
3600 Southside River Rd., Farmington, NM 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1490' FSL, 1800' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

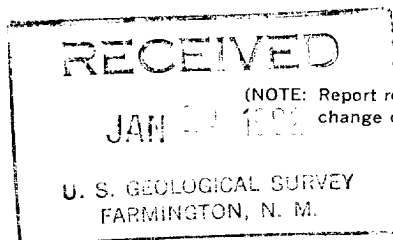
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Recompletion ☐

SUBSEQUENT REPORT OF:

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

5. LEASE
N.M. 0560223
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
FREW FEDERAL
9. WELL NO.
16
10. FIELD OR WILDCAT NAME
WAW Fruitland-Pictured Cliff
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T26N, R12W
12. COUNTY OR PARISH
San Juan
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6116 GR

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.)*

This well has been in a suspended status since the original completion. An attempt in the Pictured Cliff was unsuccessful. A second attempt in the Pictured Cliff will be made by perforating a stringer in the upper part of the PC. If this is unsuccessful a recompletion in the Farmington will be made. If this is unsuccessful the well will be plugged & abandoned. Work should begin within two weeks.



Subsurface Safety Valve: Manu. and Type

Set @

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

SIGNED F. D. Hollingsworth TITLE Area Prod. Supt. DATE January 7, 1982

(This space for Federal or State office use)

APPROVED BY Dean Elliott TITLE for Dist Supervisor DATE JAN 12 1982
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC