SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

(other) RUN PRODUCTION CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE NM 0560223 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME  8. FARM OR LEASE NAME
1. oil gas X other	FREW FEDERAL  9. WELL NO.
2. NAME OF OPERATOR  DOME PETROLEUM CORPORATION  3. ADDRESS OF OPERATOR 501 Airport Drive	10 10. FIELD OR WILDCAT NAME NIPP PICTURED CLIFF
Suite 107, Farmington, New Mexico 87401  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1850' FNL, 1800' FWL AT TOP PROD. INTERVAL:	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  SEC. 30-T26N-R12W  12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	SAN JUAN NEW MEXICO  14. API NO.
REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF   FRACTURE TREAT	15. ELEVATIONS (SHOW DF, KDB, AND WD) 6095 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.)\*

Ran 42 joints (1292') 2 7/8", 6.50#, J55 EUE 8RD casing. Casing landed at 1292' GL. Cemented with 100 sx. 65/35 Pozmix with 6% Gel and 1/4# Floseal /sack. Followed with 50 sacks class "B" cement with 2% CaCl and 1/4# Floseal/sack. Plug down at 2:30 PM, 06/15/79. Released rig at 2:30 PM, 06/05/79.

RECEIVED

JUN 19 1979

U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.

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

Subsurface Safety Valve: Manu. and Type \_

(This space for Federal or State office use)

APPROVED BY .\_\_\_\_ TITLE \_\_\_\_ CONDITIONS OF APPROVAL IF "

'See Instructions on Reverse Side



Ft.

