

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 CORPORATION

3. ADDRESS OF OPERATOR 501 Airport Drive
Suite 107, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1520' FNL, 1120' 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:

SUBSEQUENT REPORT OF:

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

5. LEASE

NM 0560222

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FUSSELMAN FEDERAL

9. WELL NO.

2R

10. FIELD OR WILDCAT NAME

WAW FRUITLAND-PICTURED CLIFF

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 17, T26N, R12W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

5932 GR

(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 8:30 AM, 1/08/80. Drilled to 105' Ran 3 tests (101')
5 1/2", 15.5#, K-55 LT&C casing. Casing landed at 103' GL. Cemented with 35 sacks
class "B" cement with 2% CaCl. Plug down at 3:30 PM, 01/08/80. Circulated
cement.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED

H.D. HOLLINGSWORTH

TITLE DRLG & PROD FOREMAN

DATE January 14, 1980

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NMOCG

*See Instructions on Reverse Side

FARMINGTON DISTRICT

BY _____