

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUMMARY OF 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. OF WHAT KIND? ☐ oil ☐ gas ☐ other

2. NAME OF OPERATOR
DOMO PETROLEUM CORPORATION

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

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

AT SURFACE: 790' FSL, 790' 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) Revisions to APD ☐

1. LEASE

2. NO. 12-26-13

3. IF INDIAN, ALLOTTEE OR TRIBE NAME
NAVAJO

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DOMO NAVAJO 12-26-13

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

NAVAJO PETROLEUM FIELD

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

Sec. 12, T26N, R13W

12. COUNTY OR PARISH 13. STATE

SAN JUAN NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6069' 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.)*

1. Install 6" 900 series Double Ram BOP. Test before drilling out from under surface pipe. Test pipe rams daily and test blind rams on trips.
2. Drill 7 7/8" hole to 90'. Run 90' 5 1/2", 15.5#, K-55 surface casing. Cement with 75 sacks class "B" cement with 2% CaCl. Circulate cement.

RECEIVED

OCT 04 1979

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

Subsurface Safety Valve: Manu. and Type

Set @ Ft

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

SIGNED H. D. HOLLINGSWORTH TITLE DRLG & PROD FOREMAN DATE OCTOBER 2, 1979.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

*See Instructions on Reverse Side

NMOCG