5. LEASE <u>្</u>ំខ្ញុំ NOO-C-14-20-74**7**5

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

GEOLOGICAL SURVEY		IF INDIA	N, ALLOITEE	OKŽI	SIBE NAME	
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OUNDRY NOTICES AND DEDORTS ON WELL	Je 7.	UNIT AG	REEMENT N	AME [™]	016 016 017	
SUNDRY NOTICES AND REPORTS ON WELL	LO			- E	, best Scalati Scalati Scalati	
(Do not use this form for proposals to drill or to deepen or plug back to a di reservoir. Use Form 9–331–C for such proposals.)	fferent			_ =	- 555	-
reservoir. Ose rottii 3-331-C for such proposais./			R LEASE NAM		orbni Iqqe ool oo	
1. oil gas \prod	DO	ME NAV	AJO 212-26	-13		
well well other	9.	WELL N	o. 흑글중글	=	5 7 6	
2. NAME OF OPERATOR	1		<u> </u>	<u> </u>	ម ក្រុង វ អាត្តប មានខ្លួង មានខ្លួង	
	10	FIFI D O	R WILDCAT N	AME	<u> </u>	
DOME PETROLEUM CORPORATION			U = 5-		n 01785	,
3. ADDRESS OF OPERATOR 501 Airport Dri			rland-Pic			
Suite 107, Farmington, NM 87401			, R., M. QR B		ND SOEAF.	YOR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space	ce 17	AREA	्हें से ११ हैं।	2.09	2 5 5 5 E	
below.)			T26N, R1		<u> </u>	
AT SURFACE: 790' FSL, 790' FWL	12.	COUNTY	OR PARISH	13.	STATE &	
AT TOP PROD. INTERVAL:	SA	N JUAN	골속등등	NEW	MEXTCO	
AT TOTAL DEPTH:	14	API NO.		=	글토릿기	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NO		, ,	ternic ist die ist die ist die	- 5	7(b) 1 (b) 1 (c) 1 (c)	
REPORT, OR OTHER DATA						
REPORT, OR OTHER DATA			Moři [©] Suoi	DF	KDB, AND	WD)
DECLIFOR FOR ARROWAL TO: CHROCOLIENT REPORT O		69 GR	₹ 9 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>?</u> _	E 6.00	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT O	or:		9(12 7 19 10	, 9d	9 7 7 P	
TEST WATER SHUT-OFF					5% 35	
FRACTURE TREAT			<u> </u>	bhio	- 환경종 문	
SHOOT OR ACIDIZE			<u> </u>		5 7 6 8 F	
REPAIR WELL	(1)		ort results of mu			zone
PULL OR ALTER CASING		2	ge on Form 9-	ر.ندد	acceptonal	2
MULTIPLE COMPLETE			2 5 E	-	- 불림빛질	ً⊆.
CHANGE ZONES			bloode sub Ju bodfsti adi bua	-	- B - B - B - B - B - B - B - B - B - B	2
(other) RUN PRODUCTION CASING		Ē	44.5	<u> </u>		anoitantan
(Other) ROW PRODUCTION CASING		÷	គ្គារំគ្	7,	င်းသားမှ နိ	- 1. E-
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clear	ly state all	pertinent	details, and	give	pertinent d	ates.
including estimated date of starting any proposed work. If we	ell is directi	onally dri	lled, give sub	surfac	e locations	and
measured and true vertical depths for all markers and zones p	ertinent to t	this work.))* 병원질골	5-	<u> </u>	
			- 무용되게	Ξ	a활벽된	
Ran 44 jts. (1354') 2 7/8", 6.5#, J-55 EUR	E casing	. Cas	ing lande	d at	: 735 <u>7</u> 2	GL
Cemented with 100 sacks 65/35 Pozmix with	6% gel.	1/4#	Floseal/s	k. ⊇̃1	0# Gils	onite
sk. Followed with 50 sacks class "B" ceme	ent with	2% Ca	רוב בוֹצוֹעַ עַבּיל	Flor	seālī/sk.	and
10# Gilsonite/sk. Plug down at 3:30 PM,						u
10# Glisonite/sk. Plug down at 3:30 PM,	12/31/19	. CII	Cura ceg c	eme.	TES 돌	
			282	1191	동통원동	
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Subsurface Safety Valve: Manu. and Type			Set	@===		Ft.
			11 of 12 of 13 of	24.61	October 800 and 100 an	
18. I hereby certify that the foregoing is true and correct				7. E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SIGNED SIR SIGNED AND THE DRLG & PRO	OD FOREM	ΔΝ	January 2	210	98 0 5 5 5	
H. D. HOLLANGSWORTH	1 O1(11 ¹ 1	TOATE _	s in a	<u> </u>	1375	
(This space for Federal or S	State office us	e)		<u> </u>	4714	
(This space for redefat of a		•		==	That is	
APPROVED BY TITLE		DATE				
CONDITIONS OF APPROVAL, IF ANY:				- 5		
N/A	1100c		APPEDES	FPA	TESTITE	
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*See Instructions on Reverse Side

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FARMINGTON DISTRICT
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