GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Saat OLAVAG 01/16/ 18/1/0 7. UNIT AGREEMENT NAMEA SUNDRY NOTICES AND REPORTS ON WELLS 높호준 S (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.) 8. FARM OR LEASE NAME lappi lappi lot of DOME NAVAJO $\overline{1}3 + \overline{2}6 - 1\overline{3}$ 1. oil well ed, as i or make or control X other well 9. WELL NO. 3 2. NAME OF OPERATOR 笞 DOME PETROLEUM CORPORATION 10. FIELD OR WILDCAT NAME 등음독 WAW FRUITLAND PICTURED CLIFF 3. ADDRESS OF OPERATOR 501 Airport Drive Suite 107, Farmington, NM 87401 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 SEC. 13, T26N, R13W AT SURFACE: 1120' FSL, 790' FWL 12. COUNTY OR PARISH 13. STATE 5 AT TOP PROD. INTERVAL: NEW MEXACO SAN JUAN AT TOTAL DEPTH: 14. API NO. 51 1 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. .. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4866 6068 GR SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: hoget bas 3357 yas et zeigob t et facols TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) -MULTIPLE COMPLETE ar bluona a bailtean a bailtean สะวันษณิยม CHANGE ZONES ABANDON* (other) SPUD & SET SURFACE 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 9:45 AM, 11/07/79. Drilled to 100 Ran 3 jts. 95', 55", 15.5# K-55 LT&C casing. Casing landed at 97' GL. Cemented w/ 35 sacks class "B" cement w/ 2% CaCl. Plug down at 1:30 PM, 11/07/39 ACirculated C ent tution to bett tutions tea Little tille abar Cashes 1 Tille abar cement. 5 etio A regulation of the ્રું - ૄ ≤ Set @ - _ ____ Subsurface Safety Valve: Manu. and Type _ Ft. 18. I hereby certify that the foregoing is-true and correct SIGNED J TITLDRLG & PROD FOREMAMATE November 100 251. (This space for Federal or State office use) Ξ <u>--</u> operation of the state of the s APPROVED BY TITLE _ DATE . CONDITIONS OF APPROVAL, IF ANY: : Ē 100 Ξ 1:0 EEE

DEPARTMENT OF THE INTERIOR

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NOO-C-14-20-7476

*See Instructions on Reverse Side