

REPORT OF WELLS

Do not use this form for proposal to drill or to deepen or plug back to a different formation or for a well to be plugged.

1. NAME OF OPERATOR
DOME PETROLEUM CORPORATION

2. ADDRESS OF OPERATOR
501 Airport Dr.
Suite 137, Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)
AT SURFACE 510' FNL, 901' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

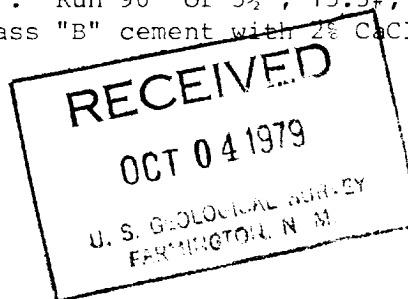
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Revisions to APD</u>	

3. LEAD
4. DATE
5. IF INDIAN ALLOTTEE OR TRIBE NAME
6. UNIT ACQUISITION NAME
8. FARM OR LEASE NAME
DOME NAVATO 24-26-13
9. WELL NO.
10. FIELD OR WILDCAT NAME
DOME FRUITLAND-RETRACTED CLIFF
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T26N, R13W
12. COUNTY OR PARISH
SAN JUAN
13. STATE
NEW MEXICO
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6041 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 BOP before drilling out from under surface pipe. Test pipe rams daily. Test blind rams on trips.
2. Drill 7 7/8" hole to 90'. Run 90' of 5 1/2", 15.5#, K55 surface casing. Cement with 75 sacks class "B" cement with 2% CaCl. Circulate cement.



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 _____
CONDITION _____