

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 Dry Hole

2. NAME OF OPERATOR
DOME PETROLEUM CORP.

3. ADDRESS OF OPERATOR
3600 Southside River Rd., Farmington, NM 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1030' FNL, 990' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

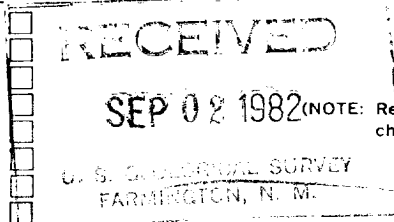
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) Surface Reclamation

SUBSEQUENT REPORT OF:



5. LEASE
N00-C-14-20-5390

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dome Navajo 18-26-11

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T26N, R11W

12. COUNTY OR PARISH | 13. STATE
San Juan | 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.)*

The surface reclamation on the above location has been completed and is ready for inspection. The pits have been backfilled, location cleaned up, contoured to conform to surrounding terrain, reseeded in compliance with BLM stipulations.

Subsurface Safety Valve: Manu. and Type _____ Ft.

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

SIGNED H. D. Hollingsworth TITLE Area Prod. Supt. DATE August 30, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NMOCC

SEP 03 1982
FARMINGTON, N.M.
BY HR