

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

FORM NO. 1 (REV. 1-65)

F. I. C. FORM NO. 42 (REV. 1-65)

SEE INSTRUCTIONS AND SERIALS

F. I. C. FORM NO. 42 (REV. 1-65)

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input checked="" type="checkbox"/> Other _____		7. UNIT AGREEMENT NAME _____	
b. TYPE OF COMPLETION NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DEEP. RESER. <input type="checkbox"/> Other _____		8. FARM OR LEASE NAME <input checked="" type="checkbox"/>	
2. NAME OF OPERATOR Dome Petroleum Corp.		Dome Federal 14-26-13	
3. ADDRESS OF OPERATOR 501 Airport Drive, Suite 107, Farmington, NM 87401		9. WELL NO. <input checked="" type="checkbox"/>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1850' PSL, 1850' FWL At top prod. interval reported below At total depth		10. FIELD AND POOL OR WILDCAT WAW Fruitland-Pictured Cliff	
14. PERMIT NO. _____		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 14, T26N, R13W	
15. DATE SPUDDED 6/13/80		12. COUNTY OR PARISH San Juan	
16. DATE T.D. REACHED 6/16/80		13. STATE New Mexico	
17. DATE COMPL. (Ready to prod.) -----		19. ELEV. CASINGHEAD 6067'	
20. TOTAL DEPTH, MD & TVD 1400'		21. PLUG BACK T.D., MD & TVD -----	
22. IF MULTIPLE COMPL., HOW MANY* -----		23. INTERVALS DRILLED BY 0'-1400'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)* None		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN Induction Electric Log, Formation Density/Neutron		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
8 5/8"	23#	114'	12 1/4"
CEMENTING RECORD		AMOUNT PULLED	
100 sacks circulated		None	
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
31. PERFORATION RECORD (Interval, size and number) None		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
33. PRODUCTION			
DATE FIRST PRODUCTION	PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump)		WELL STATUS (Producing or shut-in) <i>PgH</i>
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL--BBL. GAS--MCF. WATER--BBL. OIL GRAVITY-API (CORR.)
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			TEST WITNESSED BY
35. LIST OF ATTACHMENTS			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <i>H. D. Hollingsworth</i>		TITLE <i>Drill & Prod. Foreman</i>	
H. D. HOLLINGSWORTH		DATE 6/19/80	

*(See Instructions and Spaces for Additional Data on Reverse Side)

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INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 33.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the production interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks (cement)": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROSITY ZONES:				38. GEOLOGIC MARKERS	
SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORREL INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL, TESTED, CLOSURE (SEED, TIME TOOL, OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES)				NAME	MEAS. DEPTH
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.		
				Pictured Cliffs	1164'
				Fruitland	890'
				Farmington	550'