

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

2. NAME OF OPERATOR
DOME PETROLEUM CORP.

3. ADDRESS OF OPERATOR 501 Airport Drive,
Suite 107, Farmington, New Mexico 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 790' FSL, 1560' FEL
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* ☐

SUBSEQUENT REPORT OF:

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☐
☐
☐
☐
☐
☐
☐

(other) SPUD AND SET SURFACE

5. LEASE

NM 9523

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DOME FEDERAL 17-27-13

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

WAW PICTURED CLIFF

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17, T27N, R13W

12. COUNTY OR PARISH

SAN JUAN

13. STATE

NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6023 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.)*

Spudded 8 3/4" hole at 10:00 AM 04/23/79. Drilled to 46'. Ran 1 joint (42') 7", 20#, K-55, ST&C Casing. Casing landed at 46' KB. Cemented with 35 sacks class "B" cement with 3% CaCl. Plug down at 2:15 PM, 04/23/79. Circulated cement.

Subsurface Safety Valve: Manu. and Type

Set

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

SIGNED H.D. HOLLINGSWORTH TITLE DRILLING FOREMAN DATE April 28, 1979

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

