

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 CORPORATION

3. ADDRESS OF OPERATOR 87401
501 Airport Dr., Suite 107, Farmington, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1460' FNL, 950' 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) RUN PRODUCTION CASING <input type="checkbox"/>	

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.)*

Drilled to 1465'. Ran 47 joints (1439') 2 7/8", 6.50#, J-55, EUE casing.
Casing landed at 1439' GL.
Cemented with 125 sacks 65/35 Pozmix with 6% Gel and 1/4# Floseal/sx.
Followed with 50 sacks class "B" cement with 2% CaCl and 1/4# Floseal/sx.
Plug down at 2:45 pm, 05/10/79. Circulated cement.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____

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

SIGNED H. D. HOLKINGSWORTH TITLE DRILLING FOREMAN DATE MAY 11, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

5. LEASE
NM 10434

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
DOME FEDERAL 21-27-13

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WAW PICTURED CLIFF

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 21, T27N, R13W

12. COUNTY OR PARISH
SAN JUAN

13. STATE
NEW MEXICO

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6027 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)



NMOCC