

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 4953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 15

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

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

SEC. 15, T19N, R5W

12. COUNTY OR PARISH 13. STATE

McKinley New Mexico

1. OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR  
Dome Petroleum Corporation

3. ADDRESS OF OPERATOR c/o Minerals Management Inc.  
501 Airport Dr., Suite 105, Farmington, New Mex. 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2210' FNL, 1650' FWL, SEC. 15, T19N, R5W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
6588' GR 6600' KB

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) Production Casing

(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

10-21-76

Drill to 5390'.

Ran 128 jts. (5233') 7" 23# K55 ST&C casing.

Set at 5242' KB. Cement with 500 sacks HOWCO Lite  
followed by 100 sacks Class "B" with 10% salt.



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

SIGNED

*J. Arnold Shell*

TITLE

Area Manager

Minerals, Management, Inc.

DATE 10-25-76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side