

**UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
N00-C-14-20-5377

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Navajo Allotted 15

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
Papers Wash Entrada

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 15, T19N, R5W

12. COUNTY OR PARISH
McKinley

13. STATE
N.M.

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Dome Petroleum Corporation

3. ADDRESS OF OPERATOR %Minerals Management Inc., Suite 105, 501 Airport Drive, Farmington, New Mexico 87401

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

890' FSL, 1650' FWL, SEC. 15, T19N, R5W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6553' GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF
 FRACTURE TREAT
 SHOOT OR ACIDIZE
 REPAIR WELL
 (Other)

PULL OR ALTER CASING
 MULTIPLE COMPLETE
 ABANDON*
 CHANGE PLANS

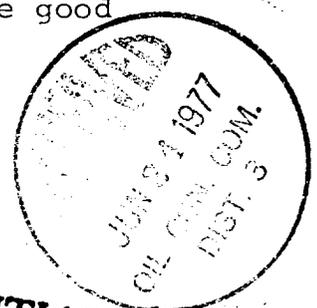
WATER SHUT-OFF
 FRACTURE TREATMENT
 SHOOTING OR ACIDIZING
 (Other) Spud & set surface casing
 (NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL
 ALTERING CASING
 ABANDONMENT*

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.)*

6-19-77 Spudded 13 1/4" hole at 7:00 p.m.

6-20-77 Ran 5 jts (211') 9 5/8"-36#, K-55, ST&C casing set at 204' w/200 sx Class "B", 2% CaCl. Circulate good cement. Plug down at 2:45 a.m.



CONFIDENTIAL
RECEIVED
JUN 21 1977

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

SIGNED [Signature]

TITLE Area Manager
Minerals Management Inc. DATE June 20, 1977

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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14. PERMIT NO.

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6553' GR

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NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Spud & set surface casing</u> <input checked="" type="checkbox"/>	

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

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