

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.

N00-C-14-20-5379

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Allotted 16

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Papers Wash Entrada

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

SEC. 16, T19N, R5W

NMPM

12. COUNTY OR PARISH

McKinley

13. STATE

N.M.

1. OIL ☒ GAS ☐  
WELL 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

2310' FSL, 330' FEL, SEC. 16, T19N, R5W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6591' GR

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) Spud & Set Surface Casing X

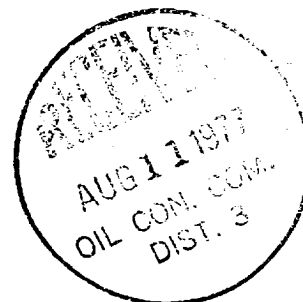
(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

8-3-77 Spudded 13 1/4" hole at 1:15 a.m.

Ran 5 jts (199'), 9 5/8"-36#, K-55, LT&C casing set at 211'.  
Cemented with 200 sx Class "B", 2% CaCl. Circulated cement.  
Plug down at 8:00 a.m. Tested casing to 500 psi 30 min.--OK.

CONFIDENTIAL



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

SIGNED

TITLE

Area Manager

Minerals Management Inc.

DATE

8-4-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: