Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 Dry Hole
2. NAME OF OPERATOR
DOME PETROLEUM CORP.
3. ADDRESS OF OPERATOR 501 Airport Drive, Suite 114, Farmington, New Mexico 87401
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2100' FNL, 2100' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
NM 19151
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Dome Federal 33-20-3
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat/Entrada
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33, T20N, R3W
12. COUNTY OR PARISH 13. STATE
Sandoval | New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
6794' GR

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐	☐
FRACTURE TREAT ☐	☐
SHOOT OR ACIDIZE ☐	☐
REPAIR WELL ☐	☐
PULL OR ALTER CASING ☐	☐
MULTIPLE COMPLETE ☐	☐
CHANGE ZONES ☐	☐
ABANDON* ☐	☐
(other) Surface Reclamation	

RECEIVED
OCT 14 1980
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(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.)*

The surface reclamation on the above location has been completed and is ready for inspection. The pits have been backfilled, location cleaned up, contoured to conform to surrounding terrain, reseeded in compliance with BLM stipulations.

ACCEPTED FOR RECORD

OCT 14 1980

FARMINGTON DISTRICT

BY

Subsurface Safety Valve: Manu. and Type ____ Set @ ____ Ft.

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

SIGNED H. D. HOLLINGSWORTH TITLE Drlg.&Prod.Foreman DATE October 7, 1980

(This space for Federal or State office use)

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

*See Instructions on Reverse Side