

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 Corp.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1850' FNL & 1850' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Spud & set surface

5. LEASE

NM 0560223

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Frew Federal

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Adair Hunt Land
~~NIPP~~ Pictured Cliff

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

Sec 19, T26N, R12W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

14. API NO.

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

6088 GR

(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.)*

1-11-79 - Spudded 7 7/8" hole at 11:30 AM 1-11-79. Ran one joint (41') 5 1/2", 15.50#, K55, ST&C Casing. Casing landed at 44' KB. Cemented with 35 sacks Class "B" cement with 3% CaCl. Plug down at 3:30 PM 1-11-79. Circulated cement.

Subsurface Safety Valve: Manu. and Type _____

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

SIGNED D. D. Hollingsworth TITLE Drilling Foreman DATE 1-19-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side

NMOCC