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 [X] gas well [ ] other

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: 2310' FSL, 330' FEL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

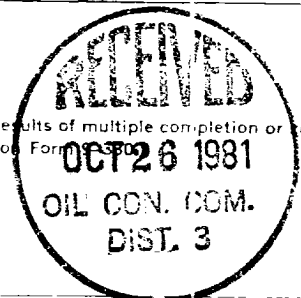16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Back Filled Reserve Pits		

5. LEASE
   14-20-603-2085

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
   Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
   Old Trading Post

9. WELL NO.
   3

10. FIELD OR WILDCAT NAME
    Bisti-Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    Sec. 9, T26N, R14W

12. COUNTY OR PARISH   13. STATE
    San Jaun   New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KCB, AND WD)
    6051' GR

(NOTE: Report results of multiple completion or zone change on Form ...)

RECEIVED
OCT 26 1981
OIL CON. COM.
DIST. 3

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.)*

Back filled reserve pits as per your instructions 9/28/81. Work completed on 10/16/81.

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

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

SIGNED _____ TITLE Area Prod. Supt. DATE October 21, 1981
        H. D. Hollingsworth

(This space for Federal or State office use)

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

!

*See Instructions on Reverse Side