

Federal 15 #5

G-15-19N-5W

Dome Petroleum Corporation

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F API 30-031-20501 2-22-77

F. Loc. 2310/N; 2160/E Elev. 6564 GL Spd. Comp. TD PB

Casing S. W Sx. Int. W Sx. Pr. W Sx. T. Prod. Stim.

T  
R  
A  
N  
S

BO/D _____														
I.P. _____ MCF/D After _____ Hrs. _____ SICP _____ PSI After _____ Days GOR _____ Grav. _____ 1st Del. _____ \$ _____														
TOPS		NITD		X	Well Log		TEST DATA							
Kirtland		C-103			Plat		X	Schd.	PC	Q	PW	PD	D	Ref. No.
Fruitland		C-104			Electric Log									
Pictured Cliffs					C-122									
Cliff House		Ditr			Dfa									
Menefee		Datr			Dac									
Point Lookout														
Mancos														
Gallup														
Sanostee														
Greenhorn														
Dakota														
Morrison														
Entrada														

40

Papers

Wash. Entrada Co. McK S 15 T 19N R 5W U G Oper. Dome Petroleum Corp

Lse. Federal 15

No. 5

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.

NM 4953

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 15

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Undesignated Entrada

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

SEC. 15, T19N, R5W

12. COUNTY OR PARISH 13. STATE

McKinley

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

2310' FNL, 2160' FEL, SEC. 15, T19N, R5W

14. PERMIT NO.

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

6564' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\* Location X

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

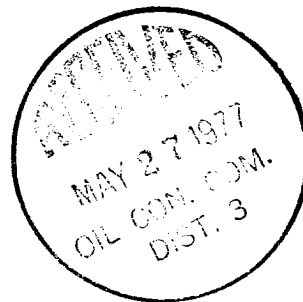
ABANDONMENT\*

(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.)\*

Please cancel application to drill.  
Location has not been graded.

CONFIDENTIAL



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

SIGNED

TITLE

Area Manager

Minerals Management Inc. DATE May 23, 1977

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side