

Lease Allotted 1-16-19-5 #4 J-16-19-5

Some Petroleum Corporation

0
P.O. Box 618 Co. OK S 16 T 13N R 5W U J Oper. Dome Petroleum Corp Lse Navajo Allotted No. 4

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NOO-C-14-20-5379

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Allotted

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Allotted 4-16-19-5

9. WELL NO.

4

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 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 ☒ 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, 1650' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

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

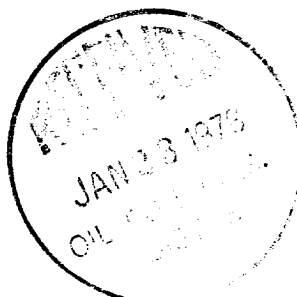
(Other) Abandon Location

X

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 the permit to drill this well. The location has not been prepared.

CONFIDENTIAL



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

SIGNED

TITLE

Area Manager

Minerals Management Inc. DATE 1-16-78

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 17 1978

*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY
WASHINGTON, D.C.