Form Approved.
Budget Bureau No. 42-R1

Dome Federal 1-21-7 9. WELL NO. NAME OF OPERATOR DOME PTROLEUM CORP. ADDRESS OF OPERATOR LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1540' FNL, 1050' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA QUEST FOR APPROVAL TO: ST WATER SHUT-OFF COT	Dec. 1973	Budget Bureau No. 42-R1424
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8. FARM OR LEASE NAME OIL 98 other NAME OF OPERATOR NOME OF TOPEDLEUM CORP. ADDRESS OF OPERATOR 3600 Southside River Rd., Farmington, NM 87401 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 1540' FNL, 1050' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: ST WATER SHUT-OFF ANDON' OCTOR ACIDIZE PAIR WELL LO RALFER CASING ULTIPLE COMPLETE SURNEZ CORP. 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.) Ran 43 jts., 1760', 4½", 10.5#, K55, STAC casing. Casing landed at 1749' G.L. Cemented with 225 sx. 65/35 Pozmix, 6% gel, and 10# Gilsonite/sx. Followed with 100 sx. Class "B" Cement with 2% CaCl. Plug down at 2:20 a.m., 6/2/82. Circulated cement.		
Dome Federal 1-21-7 9. WELL NO. NAME OF OPERATOR DOME PFTPOLEUM CORP. ADDRESS OF OPERATOR COCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1540' FNL, 1050' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA QUEST FOR APPROVAL TO: ST WATER SHUT-OFF COORDINATE STRUCK CONTROLOGY CONTRO	on not use this form for proposals to drill or to deepen or plug back to a difference servoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
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NAME OF OPERATOR DOM'T PTIROLEUM CORP. ADDRESS OF OPERATOR AREA Sec. 1, 721N, R7W 12. COUNTY OR PARISH 13. STATE Sandoval 14. API NO. 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) ADDRESS OF MULTIPLE COMPLETE DOT OR ACIDIZE PARISH 13. STATE Sandoval 14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD) ADDRESS OF MULTIPLE COMPLETE DIANG 2 JUN 0 3 1982 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 diffied, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) Ran 43 jts., 1760', 4½", 10.5#, K55, SIRC casing. Casing landed at 1749' G.L. Cemented with 225 sx. 65/35 Pozmix, 6% gel, and 10# Gilsonite/sx. Followed with 100 sx. Class "8" Cement with 2% CaCl. Plug down at 2:20 s.m., 6/2/82. Circulated cement.		
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ADDRESS OF OPERATOR 3600 Southside River Rd., Farmington, NM 87401 11. SEC., T., R., M., OR BLK. AND SURVEY OR DECEMBER. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1540' FNL, 1050' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA QUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: ST WATER SHUT-OFF ACTURE TREAT OOT OR ACIDIZE PAIR WELL LL OR ALTER CASING DITIPLE COMPLETE ANDON' her) Pun Production Casing 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.)* Ran 43 jts., 1760', 4½", 10.5#, K55, ST&C casing. Casing landed at 1749' G.L Cemented with 225 sx. 65/35 Pozmix, 6% gel, and 10# Gilsonite/sx. Followed with 100 sx. Class "B" Cement with 2% CaCl. Plug down at 2:20 a.m., 6/2/82. Circulated cement.		10. 5151 D.O.D.W.I. D.O.T. V.A.V.S
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	8. Thereby certify that the foregoing is true and correct	

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

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TITLE Area Prod. Supt. DATE

ACCEPTED FOR RECORD

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JUN 0 1 1982