

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

PERMIT IN DUPLICATE*

(See other in-
structions on
reverse side)

Form 1-756
Rev. 1-78

1. LEASE DESIGNATION AND SERIAL NO.

NM 12374

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dome Federal 35-24-9

9. WELL NO.

1

10. FIELD AND POOL (OR WILDCAT)

Wildcat/Gallup

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

Sec. 35-T24N-R9W

12. COUNTY OR
PARISH

San Juan New Mexico

13. STATE

14. PERMIT NO. DATE ISSUED

15. ELEVATIONS (LF, RKB, RT, GR, ETC.)

16. ELEV. CASINGHEAD

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WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ OTHER ☐

2. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESERVE ☐ OTHER ☐

3. NAME OF OPERATOR

DOME PETROLEUM CORP.

4. ADDRESS OF OPERATOR

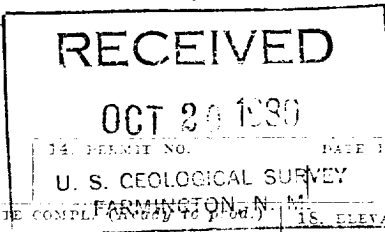
501 Airport Dr., Suite 114, Farmington, New Mexico 87401

5. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 2280' FSL, 2150' FEL

At top prod. interval reported below

At total depth



15. DATE SPUNDED 16. DATE T.D. REACHED 17. DATE COMPL. (Cased to 100%) 18. ELEVATIONS (LF, RKB, RT, GR, ETC.)

9/29/80 10/08/80 P&A 10/11/80 6910' GR 6910'

20. TOTAL DEPTH, MD & TVD 21. PLUG BACK T.D., MD & TVD 22. IF MULTIPLE COMPL., HOW MANY*

5370' --- ---

23. INTERVALS LOGGED BY 24. PRODUCING INTERVAL(S) OF THIS COMPLETION--TOP, BOTTOM, NAME (MD AND TVD)*

0'-5370'

5060'-5300'

25. TYPE ELECTRIC AND OTHER LOGS RUN

Amplitude Sonic log, FDC/CNL, Dual Induction log

26. CASING RECORD (Report all strings set in logs)

27. WAS INJECTION SURVEY MADE

No

28. WAS WELL CURED

No

29. LINER RECORD

30. TUBING RECORD

31. PERFORATION RECORD (Interval, size and number)

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

None

33. PRODUCTION

DATE FIRST PRODUCTION PRODUCTION METHOD (Flowing, gas lift, pumping--size and type of pump) WELL STATUS (Producing or shut-in) P&A

DATE OF TEST HOURS TESTED CEMENT SIZE PROD'N. FOR TEST PERIOD OIL--BBL. GAS--MCF. WATER--BBL. GAS-OIL RATIO

FLOW. TUBING PRESS. CASING PRESSURE CALCULATED 24-HOUR RATE OIL--BBL. GAS--MCF. WATER--BBL. OIL GRAVITY-API (CORR.)

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED H. D. HOLLINGSWORTH TITLE Drlg. & Prod. Foreman DATE 10/17/80

*(See Instructions and Space for Additional Data on Reverse Side)

1-80-0000

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. (Consult local State or Federal office for specific instructions.)

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state on item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES:

SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF: CORREL. INTERVALS AND ALL WELL-ITEM TESTS, INCLUDING 38. GEOLOGIC MARKERS

DEPTH INTERVAL TESTED, CURTAIN (SEE TIME TOE OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES)

DESCRIPTION, CONTENTS, ETC.

FORMATION	TOP	BOTTOM	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
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Ojo Alamo
Kipland
Pictured Cliff
Chacra
Cliffhouse
Portal Lookout
Pancos
Gallop

865
1005
1600
1970
2375
4141
4265
5060