

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 ☐ gas ☐ well ☐ other ☒ Dry Hole

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: 2280' FSL, 2150' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

(other) ☒ Surface Reclamation

5. LEASE
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 OR WILDCAT NAME
Wildcat/Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA
Sec. 35, T24N, R9W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
6910' GR

(NOTE: Report results of multiple completion or zone
change on Form 9-330.)

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.)*

The surface reclamation on the above location has been completed and is ready
for inspection. The pits have been backfilled, location cleaned up, contoured
to conform to surrounding terrain, reseeded in compliance with BLM stipulations.

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

I, _____, hereby certify that the foregoing is true and correct

SIGNED _____ TITLE Dir. & Prod. Foreman DATE Aug. 12, 1981

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 14 1981

*See Instructions on Reverse Side

NMOCG

FARMINGTON DISTRICT
BY RB

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE

NM 12374

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6910' GR

SUNDRY NOTICES AND REPORTS ON WELLS

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1. oil well ☐ gas well ☐ other ☒ Dry Hole2. 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: 2280' FSL, 2150' 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:

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FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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RECEIVED

OCT 16 1980

U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Plugged and abandoned well as follows:

Plug No.	Interval	Feet	Sacks Cement
1	5135-4985	150	50
2	4115-3965	150	50
3	1675-1525	150	50
4	1050-800	250	75
5	285-135	150	50
6	30-0	30	15

Cleaned location, fenced pits, and installed dry hole marker. When pits are dry the location will be returned to original contour and reseeded to BLH Specifications

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

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

SIGNED H. D. HOLMESWORTH TITLE Drlg. & Prod. Foreman DATE Oct. 16, 1980

(This space for Federal or State office use)

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

APPROVED FOR REVISION

*See Instructions on Reverse Side

OPERATOR

RECEIVED FOR REVISION

K