

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 ☐

2. NAME OF OPERATOR
Dome Petroleum Corporation

3. ADDRESS OF OPERATOR 80202
Suite 1500, Colorado Bank Bldg., Denver, CO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL & 990' FEL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

(other) Change of operator

5. LEASE
USNM-12026

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Kirby Gallegos

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Gallegos

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
Sec 26, T27N, R13W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

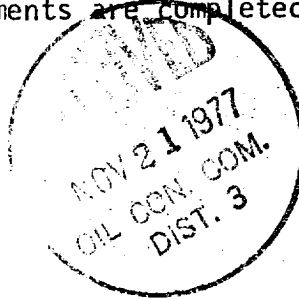
14. API NO.

15. ELEVATIONS (SHOW DF, KDB AND WD)
5981 G

(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.)*

Dome Petroleum Corporation is the new operator as of November 1, 1977. Designation of operator from Kirby Exploration Company, Natural Gas Pipeline Company of America, and Aquitaine Oil Corporation will follow and be effective until lease assignments are completed.



Subsurface Safety Valve: Manu. and Type _____

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

SIGNED Jack D. Cook TITLE Agent DATE 11-15-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

NOV 18 1977