

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 ☐ gas ☐ other ☒ Dry Hole

2. NAME OF OPERATOR  
Dome Petroleum Corp.

3. ADDRESS OF OPERATOR 501 Airport Drive,  
Suite 107, Farmington, N.M. 87401

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1130' FNL, 890' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(other)		

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.)\*

10/31/78 Abandoned well as follows: Filled 2 7/8" casing with cement from bottom of perforations to surface.

DepthPlug LengthCement

504' to Surface

504'

15 sx Class B w/3% CaCl

After cementing, cut 7" &amp; 2 7/8" casing off 4' below ground level and backfilled.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED J. Amershell TITLE Operations Manager DATE MAR 14 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

\*See Instructions on Reverse Side

MAR 13 1980

James F. Sims  
JAMES F. SIMS

DISTRICT OIL &amp; GAS SUPERVISOR

NMOLC

5. LEASE N.M. 12020	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Gallegos	
9. WELL NO. 3	
10. FIELD OR WILDCAT NAME WAW Pictured Cliffs	
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 DE KDB AND WD) 6070' G.L.	

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

